

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 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; 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>MAGAN MEDICAL CLINIC, INC. EMPLOYEES' SAVINGS AND SECURITY 401K PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>11/01/1975</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>11/01/1975</u>			
1b Three-digit plan number (PN) ▶	<u>002</u>						
1c Effective date of plan <u>11/01/1975</u>							
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>MAGAN MEDICAL CLINIC INC.</u> <u>420 WEST ROWLAND STREET</u> <u>COVINA, CA 91723</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>95-2974864</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>626-331-6411</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>621111</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>95-2974864</u>		2c Sponsor's telephone number <u>626-331-6411</u>		2d Business code (see instructions) <u>621111</u>	
2b Employer Identification Number (EIN) <u>95-2974864</u>							
2c Sponsor's telephone number <u>626-331-6411</u>							
2d Business code (see instructions) <u>621111</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.	<u>10/14/2014</u>	<u>GEORGETTA MCCLOUD</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	368
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).			
a Active participants		6a	347
b Retired or separated participants receiving benefits		6b	3
c Other retired or separated participants entitled to future benefits.....		6c	45
d Subtotal. Add lines 6a , 6b , and 6c		6d	395
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	1
f Total. Add lines 6d and 6e		6f	396
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	356
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	11
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2R 2T 3D			
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)	

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
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>MAGAN MEDICAL CLINIC, INC. EMPLOYEES' SAVINGS AND SECURITY 401K PLAN</u>	B Three-digit plan number (PN) <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MAGAN MEDICAL CLINIC INC.</u>	D Employer Identification Number (EIN) <u>95-2974864</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
FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65 71	RECORDKEEPER	12049	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 ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (d) Enter name and EIN (address) of source of indirect compensation </div> <div style="width: 40%;"> (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. </div> </div>		
USAA HIGH INCOME P.O. BOX 34330 SAN ANTONIO, TX 78265	0.40%	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) Enter service provider name as it appears on line 2 </div> <div style="width: 20%;"> (b) Service Codes (see instructions) </div> <div style="width: 20%;"> (c) Enter amount of indirect compensation </div> </div>		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (d) Enter name and EIN (address) of source of indirect compensation </div> <div style="width: 40%;"> (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. </div> </div>		
EVENTIDE GILEAD 630 A FITZWATERTOWN RD 2ND FL WILLOW GROVE, PA 19090	0.40%	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) Enter service provider name as it appears on line 2 </div> <div style="width: 20%;"> (b) Service Codes (see instructions) </div> <div style="width: 20%;"> (c) Enter amount of indirect compensation </div> </div>		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (d) Enter name and EIN (address) of source of indirect compensation </div> <div style="width: 40%;"> (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. </div> </div>		
GLENMEDE SMALL CAP 1650 MARKET ST. SUITE 1200 PHILADELPHIA, PA 19103	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p>		
ALLIANZGI HIGH YIELD 1633 BROADWAY NEW YORK, NY 10019	0.40%	
<p>(a) Enter service provider name as it appears on line 2</p> <p>(b) Service Codes (see instructions)</p> <p>(c) Enter amount of indirect compensation</p>		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p>		
JOHCM INTERNATIONAL P.O. BOX 4766 CHICAGO, IL 60680	0.40%	
<p>(a) Enter service provider name as it appears on line 2</p> <p>(b) Service Codes (see instructions)</p> <p>(c) Enter amount of indirect compensation</p>		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p>		
OAKMARK SELECT I TWO NORTH LASALLE STREET SUITE 500 CHICAGO, IL 60602	0.35%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FEDERATED HIGH YIELD	4000 ERICSSON DRIVE WARRENDALE, PA 15086	0.10%
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MANAGERS HIGH YIELD	800 CONNECTICUT AVE. NORWALK, CT 06854	0.08%
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ARTISAN MID CAP VAL - BOSTON FINAN	P.O. BOX 8480 BOSTON, MA 02266	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVS GRTH & INC Y - INVESCO INVEST 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.25%	
<hr/>		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MSIF MID CAP GRTH I - BOSTON FINAN 330 W. 9TH STREET KANSAS CITY, MO 66160	0.15%	
<hr/>		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPP DEVELOPING MKT Y - OFI GLOBAL TWO WORLD FINANCIAL CENTER 225 LIBERTY STREET, 14TH FLOOR NEW YORK, NY 10281	0.25%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIM REAL RETURN INST - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.03%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIM TOTAL RT INST - BOSTON FINANCI P.O. BOX 8480 BOSTON, MA 02266	0.03%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ROYCE LOW PR STK IS - BOSTON FINAN P.O. BOX 8480 BOSTON, MA 02266	0.05%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
THORNBURG INTLVAL R3 - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.75%	
(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

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

a Name: NEILAN & ASSOCIATES, CPA, INC.	b EIN: 33-0266052
c Position: CPA	
d Address: 2254 MONTEVERDE DRIVE CHINO HILLS, CA 91709	e Telephone: 909-591-6810
Explanation: NEILAN & ASSOCIATES IS NO LONGER AVAILABLE TO PERFORM THE AUDIT. NEW ACCOUNTANT WAS RECOMMENDED BY KRAVITZ AND FIDELITY.	

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

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

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

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

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>MAGAN MEDICAL CLINIC, INC. EMPLOYEES' SAVINGS AND SECURITY 401K PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MAGAN MEDICAL CLINIC INC.</u>	D Employer Identification Number (EIN) <u>95-2974864</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MIP CL 1</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>04-3022712-024</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1721374</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>MAGAN MEDICAL CLINIC, INC. EMPLOYEES' SAVINGS AND SECURITY 401K PLAN</u>		B Three-digit plan number (PN) ► <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MAGAN MEDICAL CLINIC INC.</u>		D Employer Identification Number (EIN) <u>95-2974864</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	153	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	1304376	1393127
(2) Participant contributions.....	1b(2)	0	96378
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	4619418	4449712
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	167758	224637
(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)	280985	402028
(9) Value of interest in common/collective trusts	1c(9)	1198893	1721374
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	29571976	37705823
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	290	312

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	37143849	45993391

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	37143849	45993391
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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)	1393127	
(B) Participants	2a(1)(B)	1406534	
(C) Others (including rollovers)	2a(1)(C)	563	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2800224
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	502	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	12987	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		13489
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	2826	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1664836	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1667662
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	95525	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	96064	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-539
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	53179	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		53179

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		4758
(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)		4972716
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		9511489

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	652333	
(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)		652333
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)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	401	
(4) Other	2i(4)	9213	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		9614
j Total expenses. Add all expense amounts in column (b) and enter total	2j		661947

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8849542
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: **HOLTHOUSE CARLIN & VAN TRIGT LLP**

(2) EIN: **95-4345526**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
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	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	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	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>MAGAN MEDICAL CLINIC, INC. EMPLOYEES' SAVINGS AND SECURITY 401K PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MAGAN MEDICAL CLINIC INC.</u>	D Employer Identification Number (EIN) <u>95-2974864</u>

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



HOLTHOUSE
CARLIN &
VAN TRIGT_{LLP}

MAGAN MEDICAL CLINIC, INC.
EMPLOYEES' SAVINGS AND SECURITY 401k PLAN
FINANCIAL STATEMENTS,
SUPPLEMENTAL SCHEDULE,
AND
INDEPENDENT AUDITOR'S REPORT
DECEMBER 31, 2013

**MAGAN MEDICAL CLINIC, INC.
EMPLOYEES' SAVINGS AND SECURITY 401k PLAN**

<u>INDEX</u>	<u>Page</u>
Independent Auditor's Report	1 - 2
Financial Statements:	
Statements of Net Assets Available for Plan Benefits	3
Statement of Changes in Net Assets Available for Plan Benefits	4
Notes to Financial Statements	5 - 12
Supplemental Schedule:	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	13
All other schedules required by ERISA have been omitted as not applicable.	

Independent Auditor's Report

To the Plan Committee of the
Magan Medical Clinic, Inc. Employees' Savings and Security 401k Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Magan Medical Clinic, Inc. Employees' Savings and Security 401k Plan (the "Plan"), which comprise the statement of net assets available for plan benefits as of December 31, 2013, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2013, 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the 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 7, which was certified by Fidelity Management Trust Company, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the 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 year ended December 31, 2013, 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.

Independent Auditor's Report
(Continued)

Correction of Errors

As discussed in Note 2 to the financial statements, the 2012 financial statements have been restated to correct a misstatement in the value of the Fidelity Managed Income Portfolio and the participants' contribution receivable. Our opinion is not modified with respect to this matter.

Report on Supplemental Schedule

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2013 is required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the 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 DOL Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Other Matter – 2012 Financial Statements

The financial statements of the Plan as of December 31, 2012, were audited by another auditor. 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 the other auditor not to perform, and he did not perform any auditing procedures with respect to the information certified by the Trustee. His report, dated October 1, 2013, indicated that (a) because of the significance of the information that he did not audit, he was unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were 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.



Camarillo, California
October 3, 2014

MAGAN MEDICAL CLINIC, INC.
EMPLOYEES' SAVINGS AND SECURITY 401k PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2013 AND 2012

	<u>2013</u>	<u>2012</u>
Assets:		
Investments:		
Participant-directed investments, at fair value	\$ 44,101,858	\$ 35,558,488
Receivables:		
Company contributions	1,393,127	1,304,376
Participants' contributions	96,378	67,925
Notes receivable from participants	402,028	280,985
Total receivables	<u>1,891,533</u>	<u>1,653,286</u>
Total assets	45,993,391	37,211,774
Liabilities	<u>-</u>	<u>-</u>
Net assets reflecting all investments at fair value	45,993,391	37,211,774
Adjustments from fair value to contract value for fully benefit-responsive investment contracts	(25,946)	(34,309)
Net assets available for plan benefits	<u>\$ 45,967,445</u>	<u>\$ 37,177,465</u>

See notes to financial statements.

MAGAN MEDICAL CLINIC, INC.
EMPLOYEES' SAVINGS AND SECURITY 401k PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2013

Additions:

Company contributions	\$ 1,393,127
Participants' contributions	1,338,609
Participants' rollover contributions	563
Interest income on investments	502
Dividend income on investments	1,667,662
Interest income on notes receivable from participants	12,987
Net appreciation of investments	<u>5,038,477</u>
Total additions	<u>9,451,927</u>

Deductions:

Benefits paid to participants	652,333
Administrative expenses	<u>9,614</u>
Total deductions	<u>661,947</u>

Net increase	8,789,980
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Net assets available for plan benefits:

Beginning of year as previously reported	37,143,849
Prior period adjustments (See Note 2)	<u>33,616</u>
Revised beginning of year	<u>37,177,465</u>
End of year	<u><u>\$ 45,967,445</u></u>

See notes to financial statements.

MAGAN MEDICAL CLINIC, INC.
EMPLOYEES' SAVINGS AND SECURITY 401k PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

NOTE 1. PLAN DESCRIPTION

The following description of the Magan Medical Clinic, Inc. Employees' Savings and Security 401k Plan (the "Plan") provides only general information. Participants and other interested parties should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all eligible employees who have been employed for at least three months by Magan Medical Clinic, Inc. (the "Company" and the "Plan Sponsor") and have attained 21 years of age. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Each year, participants may contribute up to 60 percent of pre-tax annual compensation or designate a portion or all of these contributions to be from after-tax annual compensation known as Roth Deferral Contributions, as defined in the Plan and subject to certain limitations under the Internal Revenue Code ("IRC"). Participants may also contribute amounts representing distributions from other eligible retirement plans, as defined in the Plan.

The Plan includes an automatic enrollment provision that all eligible employees are automatically enrolled at a deferral rate of three percent of eligible compensation, increasing by one percent each year thereafter up to a maximum of six percent.

The Company may make a discretionary profit sharing contribution at the option of the Board of Directors. Participants must be employed on the last day of the Plan year and complete at least 1,000 hours of service during the Plan year to be eligible for the discretionary profit sharing contribution. The discretionary profit sharing contribution for the year ended December 31, 2013 was \$1,393,127, net of forfeitures of \$12,922.

Participant Accounts

Each participant's account is credited with the participant's contributions, as well as allocations of the Company's profit sharing contribution and Plan earnings, and charged with any withdrawals or distributions requested by the participant, investment losses and allocation of administrative expenses, if applicable. Allocations are based on participant earnings or account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

MAGAN MEDICAL CLINIC, INC.
EMPLOYEES' SAVINGS AND SECURITY 401k PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

NOTE 1. PLAN DESCRIPTION (Continued)

Vesting

Participants are immediately vested in their contributions, plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of service. Participants are vested in Company contributions at 20 percent after one year of service and 20 percent for each year thereafter until 100 percent vested after five years of service. While still employed by the Company, if a participant becomes disabled, dies or reaches normal retirement age, the participant becomes 100 percent vested.

Forfeitures

Forfeitures of Company contributions may first be used to pay Plan administrative expenses and then to reduce Company contributions. During the year ended December 31, 2013, forfeitures of \$39,647 were used to reduce the 2012 profit sharing contribution deposited into the Plan during 2013. As of December 31, 2013, forfeitures of \$12,922 are available for future use and were used to reduce the 2013 profit sharing contribution deposited into the Plan during 2014.

Payment of Benefits

On termination of service due to any reason, a participant may receive a lump-sum distribution for the value of the participant's vested interest in his or her account.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America, primarily from information provided by the Fidelity Management Trust Company (the "Trustee").

Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. The investments and changes therein of the funds have been reported to the Plan by the Trustee using fair value. Accounting principles generally accepted in the United States of America require that the amount representing the difference between the fair value of a fully benefit-responsive contract and the contract value be presented on the face of the statements of net assets available for plan benefits.

MAGAN MEDICAL CLINIC, INC.
EMPLOYEES' SAVINGS AND SECURITY 401k PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition (Continued)

Investments are valued daily. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Concentration of Risk

The Plan's investments have exposure to risk to the extent that the investments are subject to market and interest rate fluctuations that may materially affect the value of the investment balances.

Administrative Expenses

Administrative expenses incidental to the administration of the Plan, including fees of the Trustee and independent public accountants may be paid by the Plan. Administrative expenses not paid by the Company are paid by the Plan.

Most investment options have fees which reduce the overall return on assets. The net appreciation of investments is reflected net of these fees.

Benefits Payable to Participants

Benefits are recorded when paid.

Fair Value

The Plan accounts for its financial instruments using a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value measurement hierarchy is based on three levels of inputs, of which the first two are considered observable and the last unobservable. The three levels of the fair value hierarchy are the following:

- Level 1 – Inputs to the valuation methodology that are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 – Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in markets that are inactive; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3 – Inputs to the valuation that are unobservable and significant to the fair value measurement.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

MAGAN MEDICAL CLINIC, INC.
EMPLOYEES' SAVINGS AND SECURITY 401k PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value (Continued)

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

Money market accounts – Money market accounts are at par and valued at fair value and therefore classified as Level 1 within the valuation hierarchy.

Mutual funds – This category consists of publicly traded funds of registered investment companies. The net asset value of the mutual fund's shares is quoted on the exchange where the fund is traded and therefore classified as Level 1 within the valuation hierarchy.

Common stocks – Valued at the closing price reported on the active market on which the individual securities are traded and therefore is classified as Level 1 within the valuation hierarchy.

Fidelity Managed Income Portfolio – The Fidelity Managed Income Portfolio ("MIP"), held in a common collective trust ("CCT"), is valued at the net asset value ("NAV") of units of a bank collective trust. The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the MIP fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. The CCT NAV is not a publicly-quoted price in an active market; therefore, the CCT is classified as Level 2 within the valuation hierarchy.

The primary investment objective of the MIP fund is to seek the preservation of capital, as well as to provide a competitive level of income over time consistent with the preservation of capital. The MIP fund does not have unfunded commitments relating to its investments. Participant-directed redemptions for in-service withdrawals or termination of employment can be made on any business day and do not have a redemption notice period. Participant-directed exchanges to another investment option may be made on any business day, provided that the exchange is not directed into a competing fund, in which case there is a 90 day holding period in a non-competing investment option.

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

MAGAN MEDICAL CLINIC, INC.
EMPLOYEES' SAVINGS AND SECURITY 401k PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31:

Investments at Fair Value as of December 31, 2013				
	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Target date funds	\$ 6,862,951	\$ -	\$ -	\$ 6,862,951
Growth funds	15,191,233	-	-	15,191,233
Blend funds	8,695,784	-	-	8,695,784
Fixed income funds	3,488,837	-	-	3,488,837
Value funds	2,841,360	-	-	2,841,360
Money market funds	4,427,917	-	-	4,427,917
Self-directed accounts*	872,402	-	-	872,402
Common collective trust	-	1,721,374	-	1,721,374
Total investments at fair value	\$ 42,380,484	\$ 1,721,374	\$ -	\$ 44,101,858

Investments at Fair Value as of December 31, 2012				
	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Growth funds	\$ 11,514,141	\$ -	\$ -	\$ 11,514,141
Blend funds	12,356,887	-	-	12,356,887
Fixed income funds	3,953,119	-	-	3,953,119
Value funds	1,726,268	-	-	1,726,268
Money market funds	4,293,580	-	-	4,293,580
Self-directed accounts*	515,600	-	-	515,600
Common collective trust	-	1,198,893	-	1,198,893
Total investments at fair value	\$ 34,359,595	\$ 1,198,893	\$ -	\$ 35,558,488

* As of December 31, 2013 and 2012, the majority of the self-directed accounts were invested in money market funds, mutual funds, and common stocks.

Prior Period Adjustment

The statement of net assets available for plan benefits as of December 31, 2012 was understated by \$33,616 due to not reporting the participants' final 2012 contributions of \$67,925 as a receivable, less the 2012 adjustment from fair value to contract value on the Filidety Managed Income Fund of \$34,309. The accompanying financial statements reflect the correction of this error as a prior period adjustment.

Reclassifications

Reclassifications have been made to the prior year presentation of the Plan's investments at fair value by investment type to conform to the current presentation.

MAGAN MEDICAL CLINIC, INC.
EMPLOYEES' SAVINGS AND SECURITY 401k PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

NOTE 3. INVESTMENTS

Investment options are selected by the Plan Sponsor and are participant-directed. The participants have several investments they can choose from. See the attached Schedule of Assets (Held at End of Year) for a detailed listing of investments.

The following investments exceed five percent of net assets available for plan benefits at December 31:

	2013	2012
Fidelity Retirement Money Market Portfolio	\$ 4,427,917	\$ 4,293,580
Fidelity Freedom Income Fund	*	6,565,727
Fidelity Freedom 2020 Fund	2,401,200	**
Fidelity Contrafund	4,405,601	3,225,632
Fidelity Growth Company Fund	4,956,438	3,320,303
Spartan 500 Index Fund	2,700,772	*
Spartan Extended Market Index Fund	2,415,984	*
PIMCO Total Return Fund	2,717,634	2,929,887
Royce Low-Priced Stock Fund	*	2,115,057
Thornburg International Value Fund	2,618,898	2,310,619

* Less than five percent of net assets at December 31.

** Fund was not an option in the Plan at December 31.

For the year ended December 31, 2013, net appreciation of investments in registered investment companies (mutual funds) was \$4,978,317 and net appreciation of the Fidelity Managed Income Portfolio held in a common collective trust was \$13,121. The Plan also permits participants to utilize a self-directed brokerage feature. As of December 31, 2013, net appreciation of investments in these funds were \$47,039.

NOTE 4. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by the Trustee, and, therefore, these transactions qualify as party-in-interest transactions for which exemptions exist. The Trustee received \$9,614 for participant loan and transaction fees that were paid by the participants through the Plan, which included \$401 to Strategic Advisors, Inc., an affiliate of the Trustee that provides investment advice to the Plan's participants. The Trustee also receives indirect compensation on certain mutual funds based on a formula.

NOTE 5. PLAN TERMINATION

The Company may amend or terminate the Plan at any time, subject to provisions of ERISA. If the Plan is terminated, the rights of all participants to Company contributions in the Plan will become fully vested and nonforfeitable.

MAGAN MEDICAL CLINIC, INC.
EMPLOYEES' SAVINGS AND SECURITY 401k PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

NOTE 6. FEDERAL INCOME TAX STATUS

The Company received a determination letter dated July 7, 2010 in which the IRS stated that the Plan, as designed, was in compliance with the principal requirements of the IRC. The Plan has been amended since renewing the determination letter and the plan administrator believes that the Plan currently is being operated in compliance with the applicable requirements of the IRC and, therefore, believes the Plan is tax-exempt. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. 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 2010.

NOTE 7. FINANCIAL DATA CERTIFIED BY THE TRUSTEE

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the following information was certified by the Trustee and was not subjected to any auditing procedures performed by the independent public accountants:

- a. Participant-directed investments and notes receivable from participants as shown in the accompanying statements of net assets available for plan benefits of \$44,101,858 and \$402,028, respectively, less the adjustment from fair value to contract value of \$25,946, as of December 31, 2013 and \$35,558,488 and \$280,985, respectively, less the adjustment from fair value to contract value of \$34,309, as of December 31, 2012.
- b. Net appreciation of investments of \$5,038,477, interest and dividend income on investments of \$502 and \$1,667,662, respectively, and interest income on notes receivable from participants of \$12,987 as shown in the accompanying statement of changes in net assets available for plan benefits for the year ended December 31, 2013.
- c. Investments and participant loans as of December 31, 2013 as listed in the accompanying Schedule of Assets (Held at End of Year).

MAGAN MEDICAL CLINIC, INC.
EMPLOYEES' SAVINGS AND SECURITY 401k PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

NOTE 8. NOTES RECEIVABLE FROM PARTICIPANTS

Participants in the Plan may borrow against their vested account balance within specified guidelines, as defined in the Plan. The loan interest rate is determined by the plan administrator based on prevailing rates, as defined by the Plan. The loans are stated at the unpaid principal amount, secured by the balance in the participant's account, and bear interest at rates that range from 3.25 percent to 4.25 percent. Principal and interest is paid ratably through payroll deductions. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

NOTE 9. RECONCILIATION TO FORM 5500

Below is a reconciliation of net assets available per the financial statements to the Form 5500 as of December 31:

	<u>2013</u>	<u>2012</u>
Net assets available for plan benefits per the financial statements	\$ 45,967,445	\$ 37,177,465
Participants' contributions receivable	-	(67,925)
Adjustment from fair value to contract value	<u>25,946</u>	<u>34,309</u>
Net assets available for plan benefits per the Form 5500	<u>\$ 45,993,391</u>	<u>\$ 37,143,849</u>

The following is a reconciliation of the net increase in net assets available for plan benefits per the financial statements to the Form 5500 as of December 31, 2013:

Net increase in net assets available for plan benefits per the financial statements	\$ 8,789,980
Participants' contributions receivable as of December 31, 2012	67,925
Change in adjustment from fair value to contract value	<u>(8,363)</u>
Net increase in net assets available for plan benefits per the Form 5500	<u>\$ 8,849,542</u>

NOTE 10. SUBSEQUENT EVENTS

The Company has evaluated subsequent events through October 3, 2014, which is the date that the financial statements were available to be issued, and determined that there were no subsequent events or transactions that required recognition or disclosure in the financial statements, except as disclosed below.

Effective June 2, 2014, the automatic enrollment percentage was increased to four percent for newly eligible employees.

MAGAN MEDICAL CLINIC, INC.
EMPLOYEES' SAVINGS AND SECURITY 401k PLAN

EIN 95-2974864 PLAN #002

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

DECEMBER 31, 2013

Identity of issue	Description of investment	Current value
* Fidelity Managed Income Portfolio	Common Collective Trust	\$ 1,721,374
* Fidelity Retirement Money Market Portfolio	Money Market Mutual Fund	4,427,917
* Fidelity Freedom Income Fund	Asset Allocation Mutual Fund	38,140
* Fidelity Freedom 2000 Fund	Asset Allocation Mutual Fund	170,985
* Fidelity Freedom 2010 Fund	Asset Allocation Mutual Fund	991,065
* Fidelity Freedom 2015 Fund	Asset Allocation Mutual Fund	645,990
* Fidelity Freedom 2020 Fund	Asset Allocation Mutual Fund	2,401,200
* Fidelity Freedom 2025 Fund	Asset Allocation Mutual Fund	609,753
* Fidelity Freedom 2030 Fund	Asset Allocation Mutual Fund	1,114,626
* Fidelity Freedom 2035 Fund	Asset Allocation Mutual Fund	208,436
* Fidelity Freedom 2040 Fund	Asset Allocation Mutual Fund	478,748
* Fidelity Freedom 2045 Fund	Asset Allocation Mutual Fund	144,053
* Fidelity Freedom 2050 Fund	Asset Allocation Mutual Fund	83,488
* Fidelity Freedom 2055 Fund	Asset Allocation Mutual Fund	14,607
* Artisan Mid Cap Value Investor Fund	Mutual Fund	1,026,990
* Fidelity Balanced Fund	Mutual Fund	1,399,598
* Fidelity Contrafund	Mutual Fund	4,405,601
* Fidelity Dividend Growth Fund	Mutual Fund	863,201
* Fidelity GNMA Fund	Mutual Fund	308,379
* Fidelity Growth Company Fund	Mutual Fund	4,956,438
* Fidelity International Small Cap Fund	Mutual Fund	372,244
* Fidelity Low-Priced Stock Fund	Mutual Fund	557,405
* Fidelity Real Estate Investment Portfolio Fund	Mutual Fund	396,877
* Spartan 500 Index Fund	Mutual Fund	2,700,772
* Spartan Extended Market Index Fund	Mutual Fund	2,415,984
* Spartan Global U.S. Index Fund	Mutual Fund	84,166
* Spartan Small Cap Index Fund	Mutual Fund	44,094
* Spartan U.S. Bond Index Fund	Mutual Fund	126,292
Invesco Growth and Income Fund	Mutual Fund	1,256,965
Morgan Stanley Institutional Mid Cap Growth Fund	Mutual Fund	1,530,978
Oppenheimer Developing Markets Fund	Mutual Fund	279,720
PIMCO Real Return Fund	Mutual Fund	336,532
PIMCO Total Return Fund	Mutual Fund	2,717,634
Royce Low-Priced Stock Fund	Mutual Fund	1,780,306
Thornburg International Value Fund	Mutual Fund	2,618,898
* Self-Directed Accounts	Various	872,402
Total participant-directed investments		44,101,858
* Participant Loans	Interest from 3.25% to 4.25%, maturity dates range from 2014 to 2018	402,028
		\$ 44,503,886

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

See notes to financial statements and accompanying independent auditor's report.



HOLTHOUSE
CARLIN &
VAN TRIGT_{LLP}

MAGAN MEDICAL CLINIC, INC.
EMPLOYEES' SAVINGS AND SECURITY 401k PLAN
FINANCIAL STATEMENTS,
SUPPLEMENTAL SCHEDULE,
AND
INDEPENDENT AUDITOR'S REPORT
DECEMBER 31, 2013

**MAGAN MEDICAL CLINIC, INC.
EMPLOYEES' SAVINGS AND SECURITY 401k PLAN**

<u>INDEX</u>	<u>Page</u>
Independent Auditor's Report	1 - 2
Financial Statements:	
Statements of Net Assets Available for Plan Benefits	3
Statement of Changes in Net Assets Available for Plan Benefits	4
Notes to Financial Statements	5 - 12
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Magan Medical Clinic, Inc. Employees' Savings and Security 401k Plan:

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Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the 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 7, which was certified by Fidelity Management Trust Company, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the 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 year ended December 31, 2013, 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.

Independent Auditor's Report
(Continued)

Correction of Errors

As discussed in Note 2 to the financial statements, the 2012 financial statements have been restated to correct a misstatement in the value of the Fidelity Managed Income Portfolio and the participants' contribution receivable. Our opinion is not modified with respect to this matter.

Report on Supplemental Schedule

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2013 is required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the 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 DOL Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Other Matter – 2012 Financial Statements

The financial statements of the Plan as of December 31, 2012, were audited by another auditor. 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 the other auditor not to perform, and he did not perform any auditing procedures with respect to the information certified by the Trustee. His report, dated October 1, 2013, indicated that (a) because of the significance of the information that he did not audit, he was unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were 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.

Holtzhouse Carlin + Van Trigt LLP

Camarillo, California
October 3, 2014

MAGAN MEDICAL CLINIC, INC.
EMPLOYEES' SAVINGS AND SECURITY 401k PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2013 AND 2012

	<u>2013</u>	<u>2012</u>
Assets:		
Investments:		
Participant-directed investments, at fair value	\$ 44,101,858	\$ 35,558,488
Receivables:		
Company contributions	1,393,127	1,304,376
Participants' contributions	96,378	67,925
Notes receivable from participants	402,028	280,985
Total receivables	<u>1,891,533</u>	<u>1,653,286</u>
Total assets	45,993,391	37,211,774
Liabilities	<u>-</u>	<u>-</u>
Net assets reflecting all investments at fair value	45,993,391	37,211,774
Adjustments from fair value to contract value for fully benefit-responsive investment contracts	(25,946)	(34,309)
Net assets available for plan benefits	<u>\$ 45,967,445</u>	<u>\$ 37,177,465</u>

See notes to financial statements.

MAGAN MEDICAL CLINIC, INC.
EMPLOYEES' SAVINGS AND SECURITY 401k PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2013

Additions:

Company contributions	\$ 1,393,127
Participants' contributions	1,338,609
Participants' rollover contributions	563
Interest income on investments	502
Dividend income on investments	1,667,662
Interest income on notes receivable from participants	12,987
Net appreciation of investments	<u>5,038,477</u>
Total additions	<u>9,451,927</u>

Deductions:

Benefits paid to participants	652,333
Administrative expenses	<u>9,614</u>
Total deductions	<u>661,947</u>

Net increase	8,789,980
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Net assets available for plan benefits:

Beginning of year as previously reported	37,143,849
Prior period adjustments (See Note 2)	<u>33,616</u>
Revised beginning of year	<u>37,177,465</u>
End of year	<u><u>\$ 45,967,445</u></u>

See notes to financial statements.

MAGAN MEDICAL CLINIC, INC.
EMPLOYEES' SAVINGS AND SECURITY 401k PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

NOTE 1. PLAN DESCRIPTION

The following description of the Magan Medical Clinic, Inc. Employees' Savings and Security 401k Plan (the "Plan") provides only general information. Participants and other interested parties should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all eligible employees who have been employed for at least three months by Magan Medical Clinic, Inc. (the "Company" and the "Plan Sponsor") and have attained 21 years of age. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Each year, participants may contribute up to 60 percent of pre-tax annual compensation or designate a portion or all of these contributions to be from after-tax annual compensation known as Roth Deferral Contributions, as defined in the Plan and subject to certain limitations under the Internal Revenue Code ("IRC"). Participants may also contribute amounts representing distributions from other eligible retirement plans, as defined in the Plan.

The Plan includes an automatic enrollment provision that all eligible employees are automatically enrolled at a deferral rate of three percent of eligible compensation, increasing by one percent each year thereafter up to a maximum of six percent.

The Company may make a discretionary profit sharing contribution at the option of the Board of Directors. Participants must be employed on the last day of the Plan year and complete at least 1,000 hours of service during the Plan year to be eligible for the discretionary profit sharing contribution. The discretionary profit sharing contribution for the year ended December 31, 2013 was \$1,393,127, net of forfeitures of \$12,922.

Participant Accounts

Each participant's account is credited with the participant's contributions, as well as allocations of the Company's profit sharing contribution and Plan earnings, and charged with any withdrawals or distributions requested by the participant, investment losses and allocation of administrative expenses, if applicable. Allocations are based on participant earnings or account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

MAGAN MEDICAL CLINIC, INC.
EMPLOYEES' SAVINGS AND SECURITY 401k PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

NOTE 1. PLAN DESCRIPTION (Continued)

Vesting

Participants are immediately vested in their contributions, plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of service. Participants are vested in Company contributions at 20 percent after one year of service and 20 percent for each year thereafter until 100 percent vested after five years of service. While still employed by the Company, if a participant becomes disabled, dies or reaches normal retirement age, the participant becomes 100 percent vested.

Forfeitures

Forfeitures of Company contributions may first be used to pay Plan administrative expenses and then to reduce Company contributions. During the year ended December 31, 2013, forfeitures of \$39,647 were used to reduce the 2012 profit sharing contribution deposited into the Plan during 2013. As of December 31, 2013, forfeitures of \$12,922 are available for future use and were used to reduce the 2013 profit sharing contribution deposited into the Plan during 2014.

Payment of Benefits

On termination of service due to any reason, a participant may receive a lump-sum distribution for the value of the participant's vested interest in his or her account.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America, primarily from information provided by the Fidelity Management Trust Company (the "Trustee").

Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. The investments and changes therein of the funds have been reported to the Plan by the Trustee using fair value. Accounting principles generally accepted in the United States of America require that the amount representing the difference between the fair value of a fully benefit-responsive contract and the contract value be presented on the face of the statements of net assets available for plan benefits.

MAGAN MEDICAL CLINIC, INC.
EMPLOYEES' SAVINGS AND SECURITY 401k PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition (Continued)

Investments are valued daily. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Concentration of Risk

The Plan's investments have exposure to risk to the extent that the investments are subject to market and interest rate fluctuations that may materially affect the value of the investment balances.

Administrative Expenses

Administrative expenses incidental to the administration of the Plan, including fees of the Trustee and independent public accountants may be paid by the Plan. Administrative expenses not paid by the Company are paid by the Plan.

Most investment options have fees which reduce the overall return on assets. The net appreciation of investments is reflected net of these fees.

Benefits Payable to Participants

Benefits are recorded when paid.

Fair Value

The Plan accounts for its financial instruments using a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value measurement hierarchy is based on three levels of inputs, of which the first two are considered observable and the last unobservable. The three levels of the fair value hierarchy are the following:

- Level 1 – Inputs to the valuation methodology that are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 – Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in markets that are inactive; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3 – Inputs to the valuation that are unobservable and significant to the fair value measurement.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

MAGAN MEDICAL CLINIC, INC.
EMPLOYEES' SAVINGS AND SECURITY 401k PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value (Continued)

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

Money market accounts – Money market accounts are at par and valued at fair value and therefore classified as Level 1 within the valuation hierarchy.

Mutual funds – This category consists of publicly traded funds of registered investment companies. The net asset value of the mutual fund's shares is quoted on the exchange where the fund is traded and therefore classified as Level 1 within the valuation hierarchy.

Common stocks – Valued at the closing price reported on the active market on which the individual securities are traded and therefore is classified as Level 1 within the valuation hierarchy.

Fidelity Managed Income Portfolio – The Fidelity Managed Income Portfolio ("MIP"), held in a common collective trust ("CCT"), is valued at the net asset value ("NAV") of units of a bank collective trust. The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the MIP fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. The CCT NAV is not a publicly-quoted price in an active market; therefore, the CCT is classified as Level 2 within the valuation hierarchy.

The primary investment objective of the MIP fund is to seek the preservation of capital, as well as to provide a competitive level of income over time consistent with the preservation of capital. The MIP fund does not have unfunded commitments relating to its investments. Participant-directed redemptions for in-service withdrawals or termination of employment can be made on any business day and do not have a redemption notice period. Participant-directed exchanges to another investment option may be made on any business day, provided that the exchange is not directed into a competing fund, in which case there is a 90 day holding period in a non-competing investment option.

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

MAGAN MEDICAL CLINIC, INC.
EMPLOYEES' SAVINGS AND SECURITY 401k PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31:

Investments at Fair Value as of December 31, 2013				
	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Target date funds	\$ 6,862,951	\$ -	\$ -	\$ 6,862,951
Growth funds	15,191,233	-	-	15,191,233
Blend funds	8,695,784	-	-	8,695,784
Fixed income funds	3,488,837	-	-	3,488,837
Value funds	2,841,360	-	-	2,841,360
Money market funds	4,427,917	-	-	4,427,917
Self-directed accounts*	872,402	-	-	872,402
Common collective trust	-	1,721,374	-	1,721,374
Total investments at fair value	\$ 42,380,484	\$ 1,721,374	\$ -	\$ 44,101,858

Investments at Fair Value as of December 31, 2012				
	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Growth funds	\$ 11,514,141	\$ -	\$ -	\$ 11,514,141
Blend funds	12,356,887	-	-	12,356,887
Fixed income funds	3,953,119	-	-	3,953,119
Value funds	1,726,268	-	-	1,726,268
Money market funds	4,293,580	-	-	4,293,580
Self-directed accounts*	515,600	-	-	515,600
Common collective trust	-	1,198,893	-	1,198,893
Total investments at fair value	\$ 34,359,595	\$ 1,198,893	\$ -	\$ 35,558,488

* As of December 31, 2013 and 2012, the majority of the self-directed accounts were invested in money market funds, mutual funds, and common stocks.

Prior Period Adjustment

The statement of net assets available for plan benefits as of December 31, 2012 was understated by \$33,616 due to not reporting the participants' final 2012 contributions of \$67,925 as a receivable, less the 2012 adjustment from fair value to contract value on the Filidety Managed Income Fund of \$34,309. The accompanying financial statements reflect the correction of this error as a prior period adjustment.

Reclassifications

Reclassifications have been made to the prior year presentation of the Plan's investments at fair value by investment type to conform to the current presentation.

MAGAN MEDICAL CLINIC, INC.
EMPLOYEES' SAVINGS AND SECURITY 401k PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

NOTE 3. INVESTMENTS

Investment options are selected by the Plan Sponsor and are participant-directed. The participants have several investments they can choose from. See the attached Schedule of Assets (Held at End of Year) for a detailed listing of investments.

The following investments exceed five percent of net assets available for plan benefits at December 31:

	2013	2012
Fidelity Retirement Money Market Portfolio	\$ 4,427,917	\$ 4,293,580
Fidelity Freedom Income Fund	*	6,565,727
Fidelity Freedom 2020 Fund	2,401,200	**
Fidelity Contrafund	4,405,601	3,225,632
Fidelity Growth Company Fund	4,956,438	3,320,303
Spartan 500 Index Fund	2,700,772	*
Spartan Extended Market Index Fund	2,415,984	*
PIMCO Total Return Fund	2,717,634	2,929,887
Royce Low-Priced Stock Fund	*	2,115,057
Thornburg International Value Fund	2,618,898	2,310,619

* Less than five percent of net assets at December 31.

** Fund was not an option in the Plan at December 31.

For the year ended December 31, 2013, net appreciation of investments in registered investment companies (mutual funds) was \$4,978,317 and net appreciation of the Fidelity Managed Income Portfolio held in a common collective trust was \$13,121. The Plan also permits participants to utilize a self-directed brokerage feature. As of December 31, 2013, net appreciation of investments in these funds were \$47,039.

NOTE 4. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by the Trustee, and, therefore, these transactions qualify as party-in-interest transactions for which exemptions exist. The Trustee received \$9,614 for participant loan and transaction fees that were paid by the participants through the Plan, which included \$401 to Strategic Advisors, Inc., an affiliate of the Trustee that provides investment advice to the Plan's participants. The Trustee also receives indirect compensation on certain mutual funds based on a formula.

NOTE 5. PLAN TERMINATION

The Company may amend or terminate the Plan at any time, subject to provisions of ERISA. If the Plan is terminated, the rights of all participants to Company contributions in the Plan will become fully vested and nonforfeitable.

MAGAN MEDICAL CLINIC, INC.
EMPLOYEES' SAVINGS AND SECURITY 401k PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

NOTE 6. FEDERAL INCOME TAX STATUS

The Company received a determination letter dated July 7, 2010 in which the IRS stated that the Plan, as designed, was in compliance with the principal requirements of the IRC. The Plan has been amended since renewing the determination letter and the plan administrator believes that the Plan currently is being operated in compliance with the applicable requirements of the IRC and, therefore, believes the Plan is tax-exempt. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. 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 2010.

NOTE 7. FINANCIAL DATA CERTIFIED BY THE TRUSTEE

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the following information was certified by the Trustee and was not subjected to any auditing procedures performed by the independent public accountants:

- a. Participant-directed investments and notes receivable from participants as shown in the accompanying statements of net assets available for plan benefits of \$44,101,858 and \$402,028, respectively, less the adjustment from fair value to contract value of \$25,946, as of December 31, 2013 and \$35,558,488 and \$280,985, respectively, less the adjustment from fair value to contract value of \$34,309, as of December 31, 2012.
- b. Net appreciation of investments of \$5,038,477, interest and dividend income on investments of \$502 and \$1,667,662, respectively, and interest income on notes receivable from participants of \$12,987 as shown in the accompanying statement of changes in net assets available for plan benefits for the year ended December 31, 2013.
- c. Investments and participant loans as of December 31, 2013 as listed in the accompanying Schedule of Assets (Held at End of Year).

MAGAN MEDICAL CLINIC, INC.
EMPLOYEES' SAVINGS AND SECURITY 401k PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013

NOTE 8. NOTES RECEIVABLE FROM PARTICIPANTS

Participants in the Plan may borrow against their vested account balance within specified guidelines, as defined in the Plan. The loan interest rate is determined by the plan administrator based on prevailing rates, as defined by the Plan. The loans are stated at the unpaid principal amount, secured by the balance in the participant's account, and bear interest at rates that range from 3.25 percent to 4.25 percent. Principal and interest is paid ratably through payroll deductions. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

NOTE 9. RECONCILIATION TO FORM 5500

Below is a reconciliation of net assets available per the financial statements to the Form 5500 as of December 31:

	<u>2013</u>	<u>2012</u>
Net assets available for plan benefits per the financial statements	\$ 45,967,445	\$ 37,177,465
Participants' contributions receivable	-	(67,925)
Adjustment from fair value to contract value	<u>25,946</u>	<u>34,309</u>
Net assets available for plan benefits per the Form 5500	<u>\$ 45,993,391</u>	<u>\$ 37,143,849</u>

The following is a reconciliation of the net increase in net assets available for plan benefits per the financial statements to the Form 5500 as of December 31, 2013:

Net increase in net assets available for plan benefits per the financial statements	\$ 8,789,980
Participants' contributions receivable as of December 31, 2012	67,925
Change in adjustment from fair value to contract value	<u>(8,363)</u>
Net increase in net assets available for plan benefits per the Form 5500	<u>\$ 8,849,542</u>

NOTE 10. SUBSEQUENT EVENTS

The Company has evaluated subsequent events through October 3, 2014, which is the date that the financial statements were available to be issued, and determined that there were no subsequent events or transactions that required recognition or disclosure in the financial statements, except as disclosed below.

Effective June 2, 2014, the automatic enrollment percentage was increased to four percent for newly eligible employees.

MAGAN MEDICAL CLINIC, INC.
EMPLOYEES' SAVINGS AND SECURITY 401k PLAN

EIN 95-2974864 PLAN #002

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2013

Identity of issue	Description of investment	Current value
* Fidelity Managed Income Portfolio	Common Collective Trust	\$ 1,721,374
* Fidelity Retirement Money Market Portfolio	Money Market Mutual Fund	4,427,917
* Fidelity Freedom Income Fund	Asset Allocation Mutual Fund	38,140
* Fidelity Freedom 2000 Fund	Asset Allocation Mutual Fund	170,985
* Fidelity Freedom 2010 Fund	Asset Allocation Mutual Fund	991,065
* Fidelity Freedom 2015 Fund	Asset Allocation Mutual Fund	645,990
* Fidelity Freedom 2020 Fund	Asset Allocation Mutual Fund	2,401,200
* Fidelity Freedom 2025 Fund	Asset Allocation Mutual Fund	609,753
* Fidelity Freedom 2030 Fund	Asset Allocation Mutual Fund	1,114,626
* Fidelity Freedom 2035 Fund	Asset Allocation Mutual Fund	208,436
* Fidelity Freedom 2040 Fund	Asset Allocation Mutual Fund	478,748
* Fidelity Freedom 2045 Fund	Asset Allocation Mutual Fund	144,053
* Fidelity Freedom 2050 Fund	Asset Allocation Mutual Fund	83,488
* Fidelity Freedom 2055 Fund	Asset Allocation Mutual Fund	14,607
* Artisan Mid Cap Value Investor Fund	Mutual Fund	1,026,990
* Fidelity Balanced Fund	Mutual Fund	1,399,598
* Fidelity Contrafund	Mutual Fund	4,405,601
* Fidelity Dividend Growth Fund	Mutual Fund	863,201
* Fidelity GNMA Fund	Mutual Fund	308,379
* Fidelity Growth Company Fund	Mutual Fund	4,956,438
* Fidelity International Small Cap Fund	Mutual Fund	372,244
* Fidelity Low-Priced Stock Fund	Mutual Fund	557,405
* Fidelity Real Estate Investment Portfolio Fund	Mutual Fund	396,877
* Spartan 500 Index Fund	Mutual Fund	2,700,772
* Spartan Extended Market Index Fund	Mutual Fund	2,415,984
* Spartan Global U.S. Index Fund	Mutual Fund	84,166
* Spartan Small Cap Index Fund	Mutual Fund	44,094
* Spartan U.S. Bond Index Fund	Mutual Fund	126,292
Invesco Growth and Income Fund	Mutual Fund	1,256,965
Morgan Stanley Institutional Mid Cap Growth Fund	Mutual Fund	1,530,978
Oppenheimer Developing Markets Fund	Mutual Fund	279,720
PIMCO Real Return Fund	Mutual Fund	336,532
PIMCO Total Return Fund	Mutual Fund	2,717,634
Royce Low-Priced Stock Fund	Mutual Fund	1,780,306
Thornburg International Value Fund	Mutual Fund	2,618,898
* Self-Directed Accounts	Various	872,402
Total participant-directed investments		44,101,858
* Participant Loans	Interest from 3.25% to 4.25%, maturity dates range from 2014 to 2018	402,028
		\$ 44,503,886

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

See notes to financial statements and accompanying independent auditor's report.