

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information												
1a Name of plan <u>E CANCERCARE 401(K) PLAN</u> 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>E CANCERCARE</u> <u>104 WOODMONT BLVD.</u> <u>SUITE 500</u> <u>NASHVILLE, TN 37205</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>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2003</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>75-2977286</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>615-467-7400</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>621498</u></td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2003</u>		2b Employer Identification Number (EIN) <u>75-2977286</u>		2c Plan Sponsor's telephone number <u>615-467-7400</u>		2d Business code (see instructions) <u>621498</u>			
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Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2015	GWEN JAYNE
	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		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4c PN	
5 Total number of participants at the beginning of the plan year		5	380
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	265
a(2) Total number of active participants at the end of the plan year		6a(2)	295
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	55
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	350
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	350
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	264
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2J 2F 2G 2K 3B 2T			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) ☒ Insurance		(1) ☒ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts		(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust		(3) ☒ Trust	
(4) ☐ General assets of the sponsor		(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		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☒ <u>1</u> A (Insurance Information)	
		(4) ☒ C (Service Provider Information)	
		(5) ☐ D (DFE/Participating Plan Information)	
		(6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2014 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan E CANCERCARE 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 E CANCERCARE	D Employer Identification Number (EIN) 75-2977286	

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

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	MR 61384	350	01/01/2014	12/31/2014

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

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

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	0
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c Additions: (1) Contributions deposited during the year	7c(1)	23473	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	3880	
(4) Transferred from separate account	7c(4)	316246	
(5) Other (specify below)	7c(5)	6411	
▶ HOLDING ACCOUNT INTEREST, ROLLOVER,			

(6) Total additions	7c(6)	350010
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d Total of balance and additions (add lines 7b and 7c(6))	7d	350010
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	911	
(2) Administration charge made by carrier	7e(2)	1078	
(3) Transferred to separate account	7e(3)	0	
(4) Other (specify below)	7e(4)	0	

(5) Total deductions	7e(5)	1989
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	348021
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

A Name of plan <u>E CANCERCARE 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>E CANCERCARE</u>	D Employer Identification Number (EIN) <u>75-2977286</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
MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

(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)

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

(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?
52 60 64 72	CONTRACT ADMINISTRATOR	40001	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

LPL FINANCIAL LLC

04-3046611

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	15921	Yes ☒ No ☐	Yes ☐ No ☒	16509	Yes ☐ No ☒

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

CAPITAL RESEARCH AND MANAGEMENT CO.

95-1411037

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	1000	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

(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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>FIDELITY BLUE CHIP GROWTH FUND</p> <p>04-3022712</p> </div> <div style="width: 40%;"> <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> <p>BASIS POINTS * PLAN ASSETS</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) Enter service provider name as it appears on line 2</p> <p>MASSACHUSETTS MUTUAL LIFE INS. CO.</p> </div> <div style="width: 20%;"> <p>(b) Service Codes (see instructions)</p> <p style="text-align: center;">72</p> </div> <div style="width: 20%;"> <p>(c) Enter amount of indirect compensation</p> <p style="text-align: center;">0</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>PREMIER MONEY MARKET FD BABSON</p> <p>04-3212059</p> </div> <div style="width: 40%;"> <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> <p>BASIS POINTS * PLAN ASSETS</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) Enter service provider name as it appears on line 2</p> <p>MASSACHUSETTS MUTUAL LIFE INS. CO.</p> </div> <div style="width: 20%;"> <p>(b) Service Codes (see instructions)</p> <p style="text-align: center;">60</p> </div> <div style="width: 20%;"> <p>(c) Enter amount of indirect compensation</p> <p style="text-align: center;">0</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>OAKMARK INTERNATIONAL FUND</p> <p>04-3276558</p> </div> <div style="width: 40%;"> <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> <p>BASIS POINTS * PLAN ASSETS</p> </div> </div>		

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	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.	
WELLS FARGO ADVANTAGE SM CO GR FD 41-0449260	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	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.	
WLS FRGO ADVANTAGE DISCOVERY FUND 41-0449260	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LPL FINANCIAL LLC	27	16509
(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.	
MASSACHUSETTS MUTUAL LIFE INS. CO. 04-1590850	PLAN RELATED EXPENSES	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>E CANCERCARE 401(K) PLAN</u>		B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>E CANCERCARE</u>		D Employer Identification Number (EIN) <u>75-2977286</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)		
	(2) Participant contributions.....	1b(2)		
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	291170	0
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common.....	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property).....	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans.....	1c(8)	0	0
	(9) Value of interest in common/collective trusts	1c(9)	0	0
	(10) Value of interest in pooled separate accounts	1c(10)	0	0
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities.....	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	10113760	10249271
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	348021
	(15) Other.....	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	10404930	10597292

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	10404930	10597292
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	528397	
(B) Participants	2a(1)(B)	970164	
(C) Others (including rollovers)	2a(1)(C)	169991	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1668552

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	3880	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3880

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	314312	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		314312

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		373045
c Other income.....	2c		30973
d Total income. Add all income amounts in column (b) and enter total.....	2d		2390762

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2157324	
(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)		2157324
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	2593	
(3) Investment advisory and management fees.....	2i(3)	37408	
(4) Other.....	2i(4)	1075	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		41076
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2198400

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		192362
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ 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: CARR, RIGGS & INGRAM, LLC

(2) EIN: 72-1396621

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		21137
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	
4c			
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	
4d			
e Was this plan covered by a fidelity bond?	X		1000000
4e			
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	
4f			
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	
4g			
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	
4h			
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		
4i			
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		
4j			
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	
4k			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
4m			
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		
4n			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>E CANCERCARE 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>E CANCERCARE</u>	D Employer Identification Number (EIN) <u>75-2977286</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
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>04-1590850</u> <u>20-3691658</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)
----------------	--

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): _____

E+HEALTHCARE 401(K) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

December 31, 2014



CRI CARR
RIGGS &
INGRAM

CPAs and Advisors

CRlcpa.com | blog.cricpa.com

**e+ healthcare 401(k) Plan
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December 31, 2014**

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Note: Other schedules required by the Department of Labor's Rules and Regulations for reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because the conditions under which they are required are not present.

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
e+ healthcare 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of e+ healthcare 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Capital Bank and Trust and State Street Bank and Trust Company, custodians of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that Capital Bank and Trust held the Plan's investment assets and executed investment transactions from January 1, 2014 to June 2, 2014, and that State Street Bank and Trust Company held the Plan's investment assets and executed investment transactions from June 3, 2014 to December 31, 2014. The Plan administrator has obtained certifications as of December 31, 2014 and 2013 and for the year ended December 31, 2014, that the information provided to the Plan administrator by the custodians is complete and accurate.

Disclaimer of Opinion

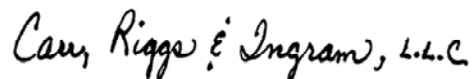
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, line 4i-Schedule of Assets (Held At End of Year) and Schedule H, line 4a-Schedule of Delinquent Participant Contributions, which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

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

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



CARR, RIGGS & INGRAM, LLC

Nashville, Tennessee
October 12, 2015

e+ healthcare 401(k) Plan
Statements of Net Assets Available for Benefits

<i>December 31,</i>	2014	2013
ASSETS		
Investments at fair value	\$ 10,249,271	\$ 10,113,760
Investments at contract value	348,021	-
Interest-bearing cash	-	291,170
Total Investments	10,597,292	10,404,930
Receivables:		
Participant contributions	-	32,792
Employer contributions	35,018	55,352
Total receivables	35,018	88,144
NET ASSETS AVAILABLE FOR BENEFITS	\$ 10,632,310	\$ 10,493,074

The accompanying footnotes are an integral part of these financial statements.

e+ healthcare 401(k) Plan
Statement of Changes in Net Assets Available for Benefits

For the year ended December 31,

2014

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income:

Net appreciation in fair value of investments \$ 373,045

Interest and dividend income 318,192

Other income 30,973

Total investment income 722,210

Contributions:

Employer 508,063

Participants 937,372

Rollovers 169,991

Total contributions 1,615,426

Total additions 2,337,636

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants 2,157,324

Administrative expenses 41,076

Total deductions 2,198,400

NET INCREASE 139,236

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year 10,493,074

End of year \$ 10,632,310

The accompanying footnotes are an integral part of these financial statements.

NOTE 1: DESCRIPTION OF THE PLAN

The following description of the e+ healthcare 401(k) Plan (the “Plan”) established January 1, 2003 and restated on June 1, 2014, is provided for general information purposes only. Participants should refer to the Plan Agreement for a more complete description of the Plan’s provisions.

General

The Plan was established as a defined contribution plan for employees of e+ healthcare, LLC (the “Company”) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Company serves as Plan Administrator.

The Plan covers employees who are at least 21 years old. Once employees have met the eligibility requirements, they may enter the Plan on the first day of the following month.

Contribution

Participants may contribute up to the lesser of Form W-2 compensation, excluding fringe benefits, bonuses and commissions, or the statutory maximum to the Plan through a pretax salary deferral, as defined in the Plan Agreement. The salary deferral percentage can be changed at the discretion of the participant. The Plan provides for matching contributions equal to 100% of salary deferrals that do not exceed 3% of eligible compensation plus 50% of salary deferrals between 3% and 5% of eligible compensation. The Plan also provides for discretionary profit sharing contributions that can be made by the Company. No discretionary profit sharing contributions were made to the plan during the year ended December 31, 2014. Participants direct the investment of their contributions and the Company’s matching contributions into various investment options offered by the Plan. The Plan currently offers several mutual funds as investment options for participants.

Participant accounts

Each participant's account is credited with the participant's elective deferral contributions and withdrawals, allocations of the Company contributions, and Plan earnings. Allocations are based on either the participant's eligible compensation or account balance, 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.

Participant loans

Participant loans are not permitted through the Plan.

NOTE 1: DESCRIPTION OF THE PLAN (Continued)

Hardship distributions

Hardship distributions are permitted if the distribution is due to expenses incurred or necessary for medical care described in the Internal Revenue Code ("IRC") Section 213(d), purchase of a principal residence, payment of tuition, to prevent eviction from or foreclosure of the principal residence, or any other condition which the Commissioner of the Internal Revenue Service determines is a deemed immediate and financial need of the participant.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Beginning January 1, 2008, the Plan elected "safe harbor" provisions, which provide for 100% immediate vesting of all employer matching contributions calculated on eligible compensation. Contributions prior to January 1, 2008 by participants formerly employed by Rocky Mountain Oncology Center, LLC (merged January 1, 2008) vest as follows:

0% = 1 Year of Service	20% = 2 Years of Service
40% = 3 Years of Service	60% = 4 Years of Service
80% = 5 Years of Service	100% = 6 Years of Service

Payments of benefits

On termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of his or her vested interest in their account, in either a lump-sum amount or paid directly to an eligible retirement plan specified by the participant in a direct rollover. For termination of service due to other reasons, a participant may elect any of the aforementioned options or roll over the account balance into an IRA or new employer's qualified plan. Participants should refer to the Plan documents for a full description of the distribution methods offered by the Plan.

Forfeited accounts

At December 31, 2014 and 2013, the forfeited non-vested accounts were \$5,670 and \$12,981 respectively. The funds are used to reduce future employer contributions or reallocated to participants as a percentage of compensation. During 2014, employer contributions were reduced by \$35,256 from forfeitures.

NOTE 1: DESCRIPTION OF THE PLAN (Continued)

Investment options

Upon enrollment in the Plan, a participant may direct contributions in any investment funds approved by the Company. All investments are participant-directed. Participants should refer to the Company for a description of the investment options and their respective investment objectives.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The accompanying financial statements have been prepared on the accrual basis of accounting with the exception of benefits, which are recorded when paid and present the net assets available for benefits and changes in net assets available for benefits of the Plan, in accordance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Use of 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 the reported amounts of assets, liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment valuation and income recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

As described in Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 962: Plan Accounting-Defined Contribution Pension Plans, which was updated in July 2015 by Accounting Standards Update (ASU) 2015-12: Plan Accounting- Defined Contribution Pension Plans (Topic 962), investment contracts held by a defined contribution plan are reported at contract value and are not required to be reported at fair value. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Prior to ASU 2015-12 fully benefit-responsive investment contracts were required to be reported at fair value with the related fair value disclosures provided. The ASU update was issued to

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

simplify the disclosures and save costs in determining the fair value when the contract value is the relevant measurement. See Note 4 for discussion of fully benefit-responsive investment contracts. The Company has early adopted ASU 2015-12 for the years ended December 2014 and 2013.

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

The Plan considers all highly-liquid investments with original maturities of three months or less to be interest bearing cash.

Benefits paid

Benefits are recorded when paid.

Administrative expenses

Administrative expenses of the Plan may be paid by the Plan, the company or the self-directing participants.

Subsequent events

The Plan has evaluated subsequent events through October 12, 2015, the date the financial statements were available to be issued. An opinion letter from the Internal Revenue Service was issued February 20, 2015 approving the Plan document as documented in note 8. No other subsequent events were noted that meet the criteria to be recognized or disclosed.

Reclassifications

Certain 2013 amounts have been reclassified to conform to the 2014 financial statement presentation.

NOTE 3: INFORMATION PREPARED AND CERTIFIED BY CUSTODIANS

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the custodians as of December 31, 2014 and 2013 and for the year ended December 31, 2014.

e+ healthcare 401(k) Plan
Notes to Financial Statements

NOTE 3: INFORMATION PREPARED AND CERTIFIED BY CUSTODIANS (Continued)

<i>December 31,</i>	2014	2013
Investments at fair value	\$ 10,249,271	\$ 10,113,760
Investments at contract value	348,021	-
Interest-bearing cash	-	291,170
	\$ 10,597,292	\$ 10,404,930
Investment gain:		
Net appreciation in fair value of investments	\$ 373,045	
Interest and dividend income	318,192	
Investment gain	\$ 691,237	

NOTE 4: GUARANTEED INTEREST ACCOUNT

In 2014, the Plan entered into a fully benefit-responsive investment contract with Mass Mutual Life Insurance Company. The contract is a guaranteed interest account (GIA) provided through a group annuity contract.

Because the GIA is fully benefit-responsive, contract value is the relevant measure attribute for that portion of net assets available for benefits attributable to the GIA. Prior to ASU 2015-12, which was issued in July 2015, fully benefit-responsive investment contracts were required to be reported at fair value with related fair value disclosures provided. This ASU update was issued to simplify the disclosures and save costs in determining the fair value when the contract value is the relevant measurement. At December 31, 2014, the Company determined that the contract value approximated fair value. Therefore, the GIA is presented on the statements of net assets available for benefits at contract value as of December 31, 2014.

Under the terms of the contract, a crediting rate is established for amounts invested in the GIA and participants may direct permitted withdrawals and/or transfer transactions of all or a portion of their account balance at contract value. Contract value represents contributions plus credited interest less participant withdrawals and fees.

NOTE 4: GUARANTEED INTEREST ACCOUNT (Continued)

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendment to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) failure of the trust to qualify for exemption from federal income taxes or any required prohibited transactions exemption under ERISA. At this time, Plan management does not believe that the occurrence of any such events, which would limit the Plan's ability to transact with participants, is probable. There were no reserves against contract value for credit risk of the contract issuer or otherwise.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, or (4) a material amendment to the agreements without the consent of the issuer. At this time, Plan management does not believe that the occurrence of any such events is probable.

NOTE 5: FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 – Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

NOTE 5: FAIR VALUE MEASUREMENTS (Continued)

Following is a description of the valuation methodologies used for assets measured at fair value.

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

Interest-bearing cash: Valued at the net asset value of shares held by the Plan at year end.

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.

In July 2015, FASB issued ASU 2015-12, which eliminated the requirement to measure the fair value of fully benefit-responsive collective investment and provide the related disclosures required by ASC 820. As a result, the guaranteed interest account, which is a fully benefit-responsive collective investment, is no longer included in the following fair value hierarchy tables.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014 and 2013. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement:

Assets at Fair Value as of December 31, 2014				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 10,249,271	\$ -	\$ -	\$ 10,249,271
Total investments at fair value	<u>\$ 10,249,271</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 10,249,271</u>

Assets at Fair Value as of December 31, 2013				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 10,113,760	\$ -	\$ -	\$ 10,113,760
Interest-bearing cash	291,170	-	-	291,170
Total investments at fair value	<u>\$ 10,404,930</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 10,404,930</u>

NOTE 6: RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by State Street Bank and Trust Company; therefore, these transactions qualify as party-in-interest transactions.

NOTE 7: PLAN TERMINATION

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

NOTE 8: TAX STATUS

On June 1, 2014, the Company adopted the Massachusetts Mutual Life Insurance Company Volume Submitter Profit Sharing/401(k) Plan and Trust Basic Plan Document. Previously, the Company had adopted the American Funds Prototype Basic Plan Document. An opinion letter dated February 20, 2015 has been issued by the national office of the Internal Revenue Service as evidence that the Plan is qualified under section 401 of the IRC as tax-exempt. Therefore, 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 tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

NOTE 9: RISKS AND UNCERTAINTIES

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

e+ healthcare 401(k) Plan
Notes to Financial Statements

NOTE 10: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at December 31, 2014 and 2013:

	2014	2013
Net assets available for benefits per the financial statements	\$ 10,632,310	\$ 10,493,074
Participant contributions receivable	-	(32,792)
Employer contributions receivable	(35,018)	(55,352)
Net assets per Form 5500	\$ 10,597,292	\$ 10,404,930

The following is a reconciliation of employer contributions per the financial statements to Form 5500 for the year ended December 31, 2014:

Employer contributions per the financial statements	\$ 508,063
2013 Employer contributions receivable	55,352
2014 Employer contributions receivable	(35,018)
Employer contributions per Form 5500	\$ 528,397

The following is a reconciliation of participant contributions per the financial statements to Form 5500 for the year ended December 31, 2014:

Participant contributions per the financial statements	\$ 937,372
2013 Participant contributions receivable	32,792
2014 Participant contributions receivable	-
Participant contributions per Form 5500	\$ 970,164

e+ healthcare 401(k) Plan
EIN 75-2977286 Plan Number 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2014

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
*	Vanguard	Vanguard Target Retirement 2050 Fund	#	\$ 1,229,711
*	Vanguard	Vanguard 500 Index Fund	#	1,189,755
*	Fidelity Investments	Fidelity Blue Chip Growth Fund	#	965,830
*	Oakmark	Oakmark International Fund	#	938,070
*	Vanguard	Vanguard Target Retirement 2025 Fund	#	920,972
*	Vanguard	Vanguard Target Retirement 2030 Fund	#	918,869
*	Vanguard	Vanguard Target Retirement 2045 Fund	#	791,176
*	Vanguard	Vanguard Target Retirement 2035 Fund	#	734,156
*	Vanguard	Vanguard Target Retirement 2040 Fund	#	695,257
*	Vanguard	Vanguard Target Retirement 2020 Fund	#	482,492
*	Wells Fargo	Wells Fargo Adv Discovery Fund	#	411,132
*	PIMCO Funds	PIMCO Total Return Fund	#	383,783
*	MassMutual	Guaranteed Interest Account	#	348,021
*	American Beacon	American Beacon Mid Cap Value Fund	#	185,349
*	Vanguard	Vanguard Target Retirement 2010 Fund	#	148,368
*	Vanguard	Vanguard Target Retirement 2015 Fund	#	75,621
*	Vanguard	Vanguard Small Cap Index Fund	#	29,363
*	Wells Fargo	Wells Fargo Adv Small Co Gr Fund	#	26,932
*	Oppenheimer	Oppenheimer Equity Income Fund	#	26,727
*	Vanguard	Vanguard Total Bond Market Index Fund	#	23,359
*	Vanguard	Vanguard Target Retirement 2055 Fund	#	16,990
*	Vanguard	Vanguard Emerging Markets Stock Index Fund	#	15,161
*	Vanguard	Vanguard Mid Cap Index Fund	#	13,786
*	Vanguard	Vanguard Total International Stock Index Fund	#	9,337
*	Vanguard	Vanguard REIT Index Fund	#	8,456
*	Munder Funds	Victory Integrity Small Cap Value Fund	#	8,299
*	MassMutual Premier	Holding Account - MF-G	#	320

\$ 10,597,292

* Represents a party-in-interest.

Not required for participant-directed accounts.

e+ healthcare 401(k) Plan
EIN 75-2977286 Plan Number 001

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions
For the Year Ended December 31, 2014

Participant Contributions				
Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			
Check here if Late Participant Loan Repayments are Included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
	\$ -	\$ -	\$ -	\$ 21,137



Schedule C Soft Dollar Compensation Eligible Indirect Compensation Statement

Mutual fund investments of the plan (whether direct or indirect through a separate investment account) may have soft dollar arrangements pursuant to which the investment advisor or sub-advisor to the mutual fund (and/or its affiliates) may direct trades to certain brokers in exchange for research and other services, other than just trade execution. For plans investing directly or indirectly in the MassMutual Premier or Select Funds, MassMutual provided the required written disclosure regarding soft dollar compensation on the Schedule C Formula Description and/or EIC Statement Description Attachment. For all other mutual funds, MassMutual provided the required written disclosure in the Statement of Additional Information ("SAI").

For additional information on soft dollar compensation, refer to the section of the mutual fund's SAI that discusses brokerage allocation and other practices.

A Name of Plan e+CancerCare 401(k) Plan	B Three-digit Plan Number 001
C Plan sponsor's name as shown on line 2a of Form 5500 e+CancerCare	D Employee Identification Number 752977286

Schedule H, line 4j - Schedule of Reportable Transactions

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease Rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
MassMutual	Guaranteed Interest	281,721	0		0	0	0	0
Oakmark	MF-137	1,245,240	0		0	0	0	0
Vanguard	MF-469	1,199,864	0		0	0	0	0
	MF-620	198,108	0		0	0	0	0
	MF-621	84,335	0		0	0	0	0
	MF-622	474,773	0		0	0	0	0
	MF-623	823,426	0		0	0	0	0
	MF-624	848,709	0		0	0	0	0
	MF-625	683,638	0		0	0	0	0
	MF-626	670,454	0		0	0	0	0
	MF-627	788,150	0		0	0	0	0
	MF-628	1,773,938	0		0	0	0	0
	MF-2065	29	0		0	0	0	0
	MF-2066	19	0		0	0	0	0
	MF-2067	5	0		0	0	0	0
	MF-2068	22	0		0	0	0	0
	MF-2070	16	0		0	0	0	0
	MF-2097	6	0		0	0	0	0
PIMCO Fun	MF-165	358,276	0		0	0	0	0
Oppenheim	MF-1579	19	0		0	0	0	0
Wells Fargo	MF-1464	378,439	0		0	0	0	0
	MF-2218	21	0		0	0	0	0
Munder Fun	MF-1346	3	0		0	0	0	0
T. Rowe Pri	MF-1283	38,078	0		0	0	0	0
American B	MF-2039	238,071	0		0	0	0	0
Fidelity Inve	MF-2219	904,479	0		0	0	0	0

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
3RABXX	59,379.04	59,379.040000	44	(72,359.93)	(72,359.930000)	12	(72,359.93)	SERIES
IRERBX	22,189.28	468.211262	714	(258,276.88)	(5,281,239163)	244	(203,021.52)	SERIES
IRGABX	51,123.08	1,211.066048	1042	(689,155.05)	(15,987,803087)	344	(517,577.92)	SERIES
IRNLBX	28,314.72	761.383189	625	(233,644.31)	(6,199,657723)	203	(173,779.70)	SERIES
IRSLBX	17,416.14	372.253888	750	(309,834.39)	(6,637,585908)	261	(241,122.40)	SERIES
IABCSX	26,765.92	1,356.724474	726	(242,961.76)	(11,826,300310)	205	(196,297.49)	SERIES
IKAUCX	10,862.45	1,914.979157	707	(378,001.75)	(67,882,889903)	231	(343,229.90)	SERIES
IGTHCX	32,911.35	988.278305	946	(290,505.59)	(8,662,2245092)	255	(232,430.35)	SERIES
IRWBX	16,341.22	362.942252	887	(247,361.90)	(5,260,819726)	247	(181,097.25)	SERIES
IRPNBX	20,115.54	393.464862	1052	(233,930.02)	(4,459,249490)	265	(171,153.95)	SERIES
IRICBX	39,612.26	1,079.553094	1209	(566,237.38)	(14,675,988690)	342	(429,254.54)	SERIES
IMXCX	21,778.38	1,375.896983	808	(217,743.92)	(13,227,328115)	204	(199,885.78)	SERIES
ITEFTX	38,854.55	4,806.049057	867	(498,012.11)	(59,525,724367)	288	(429,003.80)	SERIES
IPRTCX	41,180.01	3,668.791579	1755	(383,292.21)	(33,282,290306)	420	(381,874.66)	SERIES
IRABXX	20,198.48	20,198.480000	576	(298,387.94)	(298,387,940000)	195	(298,387.94)	SERIES
IRBATX	16,775.79	1,656.324323	147	(197,836.88)	(18,916,012780)	91	(177,574.87)	SERIES
IRBJTX	7,627.70	711.151299	103	(83,666.31)	(7,578,237390)	44	(72,605.31)	SERIES
IRBCTX	44,725.93	4,001.502506	353	(471,446.09)	(40,889,458580)	157	(378,960.32)	SERIES
IRBDTX	73,518.62	6,214.187070	510	(940,998.69)	(77,299,349859)	218	(752,201.26)	SERIES
IRBETX	49,502.70	4,032.988324	888	(873,075.84)	(68,916,154950)	339	(679,141.17)	SERIES
IRBFTX	69,881.12	5,686.074827	707	(733,639.37)	(57,865,844821)	283	(595,593.38)	SERIES
IRBKTX	31,108.91	2,501.190596	494	(681,553.93)	(52,977,550933)	313	(506,280.67)	SERIES
IRBHTX	66,533.44	5,351.402166	685	(803,590.20)	(62,488,987101)	279	(620,825.06)	SERIES
IRBITX	77,536.76	6,340.069261	560	(1,921,111.52)	(152,206,627402)	328	(1,419,278.97)	SERIES
IRBMTX	3,933.81	263.298667	124	(44,438.60)	(2,879,849190)	50	(36,570.41)	SERIES

5% TRANSACTIONS

IRGABX	0.00	0.000000	0	(675,624.09)	(15,664,829068)	110	(507,282.79)	02-JUN-14
IRBDTX	0.00	0.000000	0	(817,586.53)	(66,960,403296)	69	(660,977.32)	02-JUN-14
IRBETX	0.00	0.000000	0	(841,786.47)	(66,334,633019)	114	(659,378.63)	02-JUN-14
IRBFTX	0.00	0.000000	0	(677,246.35)	(53,284,527260)	95	(545,977.12)	02-JUN-14
IRBKTX	0.00	0.000000	0	(664,469.58)	(51,589,251077)	106	(492,384.19)	02-JUN-14
IRBHTX	0.00	0.000000	0	(780,983.67)	(60,682,494752)	93	(601,296.82)	02-JUN-14
IRBITX	0.00	0.000000	0	(1,757,893.20)	(138,854,120947)	110	(1,278,834.88)	02-JUN-14

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
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LEGEND

INVESTMENT OPTION:

3RABXX	American Funds Money Market R2	IRERBX	American Funds EuroPacific Gr R2
IRGABX	American Funds Growth Fund of Amer R2	IRNGBX	American Funds New Economy R2
IRSLBX	American Funds SMALLCAP World R2	IABCSX	AllianceBernstein Discovery Value C
1KAUCX	Federated Kaufmann Fund - C	IGTHCX	INVESCO Global Health Care Fund - C
1RWIBX	American Funds Capital World G/I R2	IRFNBX	American Funds Fundamental Invs R2
1RICBX	American Funds Invmt Co of America R2	1MXCCX	Federated Max Cap Index Fund - C
1TEFTX	Templeton Foreign Fund C	IPRTCX	PIMCO Real Return Fund - C
1RABXX	American Funds Money Market R2	IRBATX	American Funds 2010 Target Date Fund R2
1RBJTX	American Funds 2015 Target Date Fund R2	IRBCTX	American Funds 2020 Target Date Fund R2
1RBDTX	American Funds 2025 Target Date Fund R2	1RBFTX	American Funds 2030 Target Date Fund R2
1RBFTX	American Funds 2035 Target Date Fund R2	1RBKTX	American Funds 2040 Target Date Fund R2
1RBHTX	American Funds 2045 Target Date Fund R2	1RBITX	American Funds 2050 Target Date Fund R2
1RBMTX	American Funds 2055 Target Date Fund R2		

A Name of Plan e+CancerCare 401(k) Plan	B Three-digit plan Number 001
C Plan sponsor's name as shown on line 2a of Form 5500 e+CancerCare	D Employer Identification Number 752977286

Schedule of Delinquent Participant Contributions

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are included: ☐				21,137.40

A Name of Plan e+CancerCare 401(k) Plan	B Three-digit plan Number 001
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Schedule C Formula Description and/or EIC Statement Description

Service Provider Name	Service Provider EIN	Service Provider Address	Formula / EIC Statement
American Beacon	752401150		MassMutual provided the Plan with the required written disclosure for Management Fees received by American Beacon with respect to American Beacon Mid Cap Value Fund (MF-2039).
Fidelity Investments	043022712		MassMutual provided the Plan with the required written disclosure for Management Fees received by Fidelity Investments with respect to Fidelity Blue Chip Growth Fund (MF-2219).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for float revenue received by MassMutual.
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to Premier Money Market Fd (Babson) (MF-G).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Administrative Fees of (10 basis points * plan assets) with respect to Premier Money Market Fd (Babson) (MF-G).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of (15 basis points * plan assets) with respect to Wells Fargo Advantage Sm Co Gr Fd (MF-2218).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of (15 basis points * plan assets) with respect to Wls Frgo Advantage Discovery Fund (MF-1464).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to Fidelity Blue Chip Growth Fund (MF-2219).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to Oakmark International Fund (MF-137).
Oakmark	043276558		MassMutual provided the Plan with the required written disclosure for Management Fees received by Oakmark with respect to Oakmark International Fund (MF-137).
Oppenheimer	132527171		MassMutual provided the Plan with the required written disclosure for Management Fees received by Oppenheimer with respect to Oppenheimer Equity Income Fund (MF-1579).
PIMCO Funds	330239892		MassMutual provided the Plan with the required written disclosure for Management Fees received by PIMCO Funds with respect to PIMCO Total Return Fund (MF-165).
Vanguard	200147814		MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement Incm Fd (MF-618).
Vanguard	204683839		MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2010 Fd (MF-620).
Vanguard	204683964		MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2020 Fd (MF-622).
Vanguard	204683985		MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2030 Fd (MF-624).
Vanguard	204684039		MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2040 Fd (MF-626).
Vanguard	204684087		MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2050 Fd (MF-628).
Vanguard	231945930		MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Emerg Mkts Stock Indx Fd (MF-2067).
Vanguard	231945930		MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard REIT Index Fund (MF-2097).
Vanguard	231945930		MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Total Bond Mrkt Index Fund (MF-2068).

Vanguard	231945930	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Total Intl Stock Index Fd (MF-2066).
Vanguard	231999755	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard 500 Index Fund (MF-469).
Vanguard	231999755	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Mid Cap Index Fund (MF-2070).
Vanguard	232311358	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2015 Fd (MF-621).
Vanguard	232311358	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2025 Fd (MF-623).
Vanguard	232311358	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2035 Fd (MF-625).
Vanguard	232311358	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2045 Fd (MF-627).
Vanguard	232311358	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2055 Fd (MF-1283).
Vanguard	232311358	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Target Retirement 2060 Fd (MF-1403).
Vanguard	520794097	MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Small Cap Index Fund (MF-2065).
Wells Fargo	410449260	MassMutual provided the Plan with the required written disclosure for Management Fees received by Wells Fargo with respect to Wells Fargo Advantage Sm Co Gr Fd (MF-2218).
Wells Fargo	410449260	MassMutual provided the Plan with the required written disclosure for Management Fees received by Wells Fargo with respect to Wls Frgo Advantage Discovery Fund (MF-1464).

A Name of Plan e+CancerCare 401(k) Plan	B Three-digit plan Number 001
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Schedule H, line 4i - Schedule of Assets (Held At End of Year)

(a)	(b) Identity of issue, borrower, lessor, or similar part	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	MassMutual	Guaranteed Interest Account	348,021	348,021
*	MassMutual Premier	Holding Account - MF-G	0	320
*	Vanguard	MF-1283	17,055	16,990
*	Munder Funds	MF-1346	8,060	8,299
*	Oakmark	MF-137	1,080,981	938,070
*	Wells Fargo	MF-1464	418,206	411,132
*	Oppenheimer	MF-1579	28,090	26,728
*	PIMCO Funds	MF-165	392,991	383,783
*	American Beacon	MF-2039	187,126	185,349
*	Vanguard	MF-2065	29,382	29,363
*	Vanguard	MF-2066	10,144	9,337
*	Vanguard	MF-2067	17,121	15,162
*	Vanguard	MF-2068	23,302	23,359
*	Vanguard	MF-2070	13,042	13,786
*	Vanguard	MF-2097	7,998	8,456
*	Wells Fargo	MF-2218	27,127	26,932
*	Fidelity Investments	MF-2219	937,661	965,830
*	Vanguard	MF-469	1,127,833	1,189,755
*	Vanguard	MF-620	149,963	148,368
*	Vanguard	MF-621	76,303	75,621
*	Vanguard	MF-622	481,821	482,492
*	Vanguard	MF-623	920,107	920,972
*	Vanguard	MF-624	917,993	918,869
*	Vanguard	MF-625	734,905	734,156
*	Vanguard	MF-626	695,635	695,257
*	Vanguard	MF-627	792,469	791,176
*	Vanguard	MF-628	1,231,348	1,229,711