

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; 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>CIENA HEALTHCARE MANAGEMENT, INC. 401(K) PLAN</u>		1b Three-digit plan number (PN) ▶	<u>001</u>
			1c Effective date of plan	<u>07/01/2000</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)	<u>CIENA HEALTHCARE MANAGEMENT, INC.</u>		2b Employer Identification Number (EIN)	<u>38-3439639</u>
			2c Plan Sponsor's telephone number	<u>248-386-0300</u>
<u>4000 TOWN CENTER</u> <u>SUITE 700</u> <u>SOUTHFIELD, MI 48075</u>	<u>4000 TOWN CENTER</u> <u>SUITE 700</u> <u>SOUTHFIELD, MI 48075</u>		2d Business code (see instructions)	<u>623000</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2015	LINTON BANWELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2015	LINTON BANWELL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 5149
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) 4965
a(2) Total number of active participants at the end of the plan year	6a(2) 4264
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 178
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 4442
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 1
f Total. Add lines 6d and 6e	6f 4443
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 866
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 52
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 2G 2J 2K 2T 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <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 CIENA HEALTHCARE MANAGEMENT, INC. 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 CIENA HEALTHCARE MANAGEMENT, INC.	D Employer Identification Number (EIN) 38-3439639	

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

JOHN HANCOCK 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
01-0233346	65838	94499	854	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
39466	252

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

T. ROWE PRICE ASSOCIATES, INC.

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	17	REDEMPTION FEES	6

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

NORTH AMERICAN PENSION SERVICES, LL

**2542 S. ROCHESTER ROAD
ROCHESTER HILLS, MI 48307**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	235	TPA FEES	5

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule A (Form 5500) 2014
v. 140124

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

NATIONAL PLANNING CORPORATION

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
39466			3

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end.....	4	2510
5 Current value of plan's interest under this contract in separate accounts at year end	5	14558881

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

b Balance at the end of the previous year.....	7b	1388
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c Additions: (1) Contributions deposited during the year.....	7c(1)	1115	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	7	
(4) Transferred from separate account.....	7c(4)	0	
(5) Other (specify below)	7c(5)	0	
▶			

(6) Total additions.....	7c(6)	1122
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d Total of balance and additions (add lines 7b and 7c(6))	7d	2510
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0	
(2) Administration charge made by carrier	7e(2)	0	
(3) Transferred to separate account.....	7e(3)	0	
(4) Other (specify below)	7e(4)	0	
▶			

(5) Total deductions.....	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	2510
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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 CIENA HEALTHCARE MANAGEMENT, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CIENA HEALTHCARE MANAGEMENT, INC.	D Employer Identification Number (EIN) 38-3439639

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
JOHN HANCOCK LIFE INSURANCE COMPANY P. O. BOX 600
BUFFALO, NY 14201

01-0233346

(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)

(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 ☐

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	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 <u>CIENA HEALTHCARE MANAGEMENT, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CIENA HEALTHCARE MANAGEMENT, INC.</u>	D Employer Identification Number (EIN) <u>38-3439639</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH THRU 2055 ACTIVE STRATEGY</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18089</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH THRU 2050 ACTIVE STRATEGY</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>139031</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH THRU 2045 ACTIVE STRATEGY</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1257345</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH THRU 2040 ACTIVE STRATEGY</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>931440</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH THRU 2035 ACTIVE STRATEGY</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1513883</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH THRU 2030 ACTIVE STRATEGY</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1573278</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH THRU 2025 ACTIVE STRATEGY</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1642194</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2020 ACTIVE STRATEGY**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1635730
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH LS AGG ACTIVE STRATEGY**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 303452
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH LS GROW ACTIVE STRATEGY**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 739542
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH LS BAL ACTIVE STRATEGY**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 822166
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH LS MOD ACTIVE STRATEGY**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 333044
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH LS CON ACTIVE STRATEGY**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 472076
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a Name of MTIA, CCT, PSA, or 103-12 IE: REAL EST. SECURITIES FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12279
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a Name of MTIA, CCT, PSA, or 103-12 IE: DFA EMERGING MARKETS VALUE**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3367
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a Name of MTIA, CCT, PSA, or 103-12 IE: ROYCE OPPORTUNITY**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26408
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a Name of MTIA, CCT, PSA, or 103-12 IE: INTL SMALL CAP FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5516
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a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER DEVELOPING MKT			
b Name of sponsor of entity listed in (a): JOHN HANCOCK			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	28326

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SCI & TECH			
b Name of sponsor of entity listed in (a): JOHN HANCOCK			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	23893

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. SMALL CAP FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	31125

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP OPPORTUNITIES FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	11221

a Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY INDEX FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	11170

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALLCAP WORLD FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	33786

a Name of MTIA, CCT, PSA, or 103-12 IE: NEW WORLD FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	22442

a Name of MTIA, CCT, PSA, or 103-12 IE: SCIENCE & TECHNOLOGY FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7406

a Name of MTIA, CCT, PSA, or 103-12 IE: FINANCIAL INDUSTRIES FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	29

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO SMALL CAP GROWTH			
b Name of sponsor of entity listed in (a): JOHN HANCOCK			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	35529

a Name of MTIA, CCT, PSA, or 103-12 IE: EUROPACIFIC GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6456

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL-MID GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22674

a Name of MTIA, CCT, PSA, or 103-12 IE: LEGG MASON CLEARBR AGG GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54171

a Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2015 ACTIVE STRATEGY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 259108

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE HEALTH SCI		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 212339

a Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2010 ACTIVE STRATEGY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 361805

a Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 127520

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32243

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SML CAP VAL		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43164

a Name of MTIA, CCT, PSA, or 103-12 IE: MID VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24173

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL WORLD GROWTH & INCOME		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 961

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL APPRECIATION FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 83064

a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON WORLD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5331

a Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL INVESTORS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6238

a Name of MTIA, CCT, PSA, or 103-12 IE: UTILITIES FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17146

a Name of MTIA, CCT, PSA, or 103-12 IE: TOCQUEVILLE GOLD FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6753

a Name of MTIA, CCT, PSA, or 103-12 IE: THE GROWTH FUND OF AMERICA		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1773

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY CONTRAFUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 184407

a Name of MTIA, CCT, PSA, or 103-12 IE: DAVIS NEW YORK VENTURE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9525

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE EQUITY INC		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 81378

a Name of MTIA, CCT, PSA, or 103-12 IE: [VANGUARD ENERGY FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13047
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a Name of MTIA, CCT, PSA, or 103-12 IE: [500 INDEX FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 238564
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a Name of MTIA, CCT, PSA, or 103-12 IE: [FRANKLIN MUTUAL BEACON FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31558
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a Name of MTIA, CCT, PSA, or 103-12 IE: [FT FOUNDING FUNDS ALLOCATION](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 956
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a Name of MTIA, CCT, PSA, or 103-12 IE: [WASHINGTON MUTUAL INVESTORS](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 683
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a Name of MTIA, CCT, PSA, or 103-12 IE: [INVESTMENT COMPANY OF AMERICA](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12631
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a Name of MTIA, CCT, PSA, or 103-12 IE: [PARNASSUS CORE EQUITY INCOME](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32133
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a Name of MTIA, CCT, PSA, or 103-12 IE: [U. S. EQUITY FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1759
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a Name of MTIA, CCT, PSA, or 103-12 IE: [IVY ASSET STRATEGY FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13344
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a Name of MTIA, CCT, PSA, or 103-12 IE: [CAPITAL INCOME BUILDER](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2869
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a Name of MTIA, CCT, PSA, or 103-12 IE: INCOME FUND OF AMERICA**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15886
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a Name of MTIA, CCT, PSA, or 103-12 IE: KEELEY SMALL CAP VALUE**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1318
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN BALANCED FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11569
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK GLOBAL ALLOCATION**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10779
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a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO ALL ASSET**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6472
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a Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL GLOBAL DISCOVERY**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19506
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP GROW INDEX**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35629
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a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12696
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a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER INTL BOND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5989
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a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REAL RETURN**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6508
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a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL WORLD BOND FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1619

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SPECTRUM INC			
b Name of sponsor of entity listed in (a): JOHN HANCOCK			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10664

a Name of MTIA, CCT, PSA, or 103-12 IE: STRATEGIC INCOME OPP FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	24391

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO TOTAL RETURN			
b Name of sponsor of entity listed in (a): JOHN HANCOCK			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	55610

a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL BOND MARKET FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	36764

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SHORT-TERM FEDERAL			
b Name of sponsor of entity listed in (a): JOHN HANCOCK			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	16175

a Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	270077

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD EXPLORER FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	71460

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADV LEVERAGED CO STK			
b Name of sponsor of entity listed in (a): JOHN HANCOCK			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	14597

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY HERITAGE			
b Name of sponsor of entity listed in (a): JOHN HANCOCK			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	33065

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER INTL GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35754

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP VALUE INDEX		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1983

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO INTERNATIONAL GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1017

a Name of MTIA, CCT, PSA, or 103-12 IE: VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 56324

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER GLOBAL		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5087

a Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL LARGE CAP VALUE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10461

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP VALUE ETF		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16853

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD GROWTH INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 119243

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK DISCIPLINED VALUE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34835

a Name of MTIA, CCT, PSA, or 103-12 IE: VICTORY DIVERSIFIED STOCK		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8082

a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4359
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD VALUE INDEX FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40886
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADV NEW INSIGHTS**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1530
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a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK INTL GROWTH**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1260
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a Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL ALL CAP CORE FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 893
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a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK SELECT GROWTH**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28665
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a Name of MTIA, CCT, PSA, or 103-12 IE: MASSACHUSETTS INVESTORS FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9214
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a Name of MTIA, CCT, PSA, or 103-12 IE: US GOVERNMENT SECURITIES**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 120
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) <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>CIENA HEALTHCARE MANAGEMENT, INC. 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>CIENA HEALTHCARE MANAGEMENT, INC.</u>		D Employer Identification Number (EIN) <u>38-3439639</u>

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	60681	15277
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		24138
(2) Participant contributions	1b(2)		76440
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	12793048	14771062
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1472	2598
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	12855201	14889515

Liabilities

g Benefit claims payable	1g	104376	195062
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	104376	195062

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	12750825	14694453
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	538671	
(B) Participants	2a(1)(B)	2011731	
(C) Others (including rollovers)	2a(1)(C)	168640	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2719042
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		680874
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		7
d Total income. Add all income amounts in column (b) and enter total.....	2d		3399923

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1453740	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1453740
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	2555	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2555
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1456295

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1943628
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: **BAKER TILLY VIRCHOW KRAUSE, LLP**

(2) EIN: **39-0859910**

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	☒	☐	145037
4b	☐	☒	

	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		500000
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.			
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

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

<div>A Name of plan CIENA HEALTHCARE MANAGEMENT, INC. 401(K) PLAN</div>	<div>B Three-digit plan number (PN) ▶ 001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 CIENA HEALTHCARE MANAGEMENT, INC.</div>	<div>D Employer Identification Number (EIN) 38-3439639</div>

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 01-0233346		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.			
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CIENA HEALTHCARE MANAGEMENT, INC.
401(K) PLAN
Southfield, Michigan

FINANCIAL STATEMENTS

Including Independent Auditors' Report

As of December 31, 2014 and 2013 and for the
Year Ended December 31, 2014

CIENA HEALTHCARE MANAGEMENT, INC. 401(K) PLAN

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Note: Supplemental schedules required by the Employee Retirement Income Security Act of 1974 not included as part of these statements are not applicable to Ciena Healthcare Management, Inc. 401(K) Plan.

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Ciena Healthcare Management, Inc. 401(K) Plan
Southfield, Michigan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Ciena Healthcare Management, Inc. 401(K) Plan (the "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 audits 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, 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 investment information summarized in Note 3, which was certified by John Hancock Life Insurance Company (U.S.A), the Custodian of the plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Custodian holds the plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the Custodian, 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 Custodian 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

The supplemental schedules of assets held and delinquent participant contributions as of December 31, 2014 and for the year then ended are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance with Department of Labor's Rules and Regulations

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



Southfield, Michigan
October 13, 2015

CIENA HEALTHCARE MANAGEMENT, INC. 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

As of December 31, 2014 and 2013

ASSETS		
	<u>2014</u>	<u>2013</u>
Investments, at fair value	<u>\$ 14,773,660</u>	<u>\$12,794,520</u>
Receivables		
Employer match	24,138	-
Participants	<u>76,440</u>	<u>-</u>
Cash	<u>15,277</u>	<u>60,681</u>
Total Assets	<u>14,889,515</u>	<u>12,855,201</u>
LIABILITIES		
Corrective distributions payable	<u>195,062</u>	<u>104,376</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 14,694,453</u>	<u>\$12,750,825</u>

See accompanying notes to financial statements.

CIENA HEALTHCARE MANAGEMENT, INC. 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS For the Year Ended December 31, 2014

ADDITIONS

Additions to net assets attributed to	
Net appreciation in fair value of investments	\$ 680,881
Contributions	
Participants'	2,011,731
Company	538,671
Rollovers	168,640
Total Contributions	<u>2,719,042</u>

DEDUCTIONS

Deductions from net assets attributed to	
Benefits paid to participants	1,453,740
Administrative expenses	<u>2,555</u>
Total Deductions	<u>1,456,295</u>
Net Increase	1,943,628

NET ASSETS AVAILABLE FOR BENEFITS -

Beginning of Year	<u>12,750,825</u>
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NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR

\$ 14,694,453

See accompanying notes to financial statements.

CIENA HEALTHCARE MANAGEMENT, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2014 and 2013 and for the Year Ended December 31, 2014

NOTE 1 - Description of the Plan

The following description of the Ciena Healthcare Management, Inc. 401(K) Plan (the "plan") provides only general information. Participants should refer to the plan's summary plan description for a more complete description of the plan's provisions.

General

The plan is a defined contribution plan established by Ciena Healthcare Management, Inc. (the "company") and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). All employees who have completed at least 3 months of service with the company, as defined in the plan, and are age 21 or older, are eligible to participate. Upon enrollment in the plan, a participant may direct employee contributions to any combination of available investment options.

Contributions

Each year, participants may contribute up to the maximum percentages allowed under the Internal Revenue Code (IRC) regulations, subject to specified annual limitations. Participants may also contribute amounts representing distributions from other qualified plans (rollover contributions).

The company has the option to make a discretionary employer contribution to the plan. During 2014 and 2013, the company elected to match 50% of a participant's contribution up to the first 5% of compensation.

Participant Accounts

Each participant's account is credited with the participant's contributions and an allocation of the company's contributions and plan earnings (net of administrative expenses). Allocations of plan earnings are based on a participant's account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Strategies/Options

Large Cap Equity Funds - This asset class is generally comprised of investments which seek capital growth over time by primarily investing in stocks of large, well-established U.S. and multinational corporations. Although specific investment strategies for this asset class may be periodically modified based on market circumstances, these equity investments typically are similar in size to companies represented by the Standard & Poors 500 ['S&P 500'].

Mid-Cap/Small Cap Equity Funds - These asset classes are generally comprised of investments which seek capital growth over time by primarily investing in stocks of small to medium sized U.S. companies, although investment strategies may periodically be modified to include foreign issuers. Assets held may include "growth" and/or "value" stocks depending on evaluation of available investment opportunities.

International Equity Funds - These investments generally represent stocks held in companies located outside the U.S. The investment strategy for this asset class includes a regular evaluation of foreign markets around the world and resulting identification of those companies deemed to have above-average growth potential.

CIENA HEALTHCARE MANAGEMENT, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2014 and 2013 and for the Year Ended December 31, 2014

NOTE 1 - Description of the Plan (cont.)

Target Date Funds - These investments seek to take an individual through to retirement and beyond. The portfolio increases its allocation to fixed income funds and reduces its allocation to stock funds as it nears its target date.

Balanced Funds - These investments seek to achieve a competitive total return through an actively managed portfolio of stocks, bonds and money market instruments that offer income and capital growth opportunity and satisfy the investment and social criteria established for the Portfolio.

Bonds/Fixed Income Funds - This investment seeks to provide a relatively high level of income consistent with the underlying portfolio of debt securities. This portfolio generally includes investments in many types of income-producing securities, among them corporate bonds [both U.S. and non-U.S. corporations], U.S. government and agency bonds, and /or in mortgage and asset-based securities.

Precious Metals Fund - This investment seeks capital appreciation by primarily investing in companies engaged in exploration, mining, processing or dealing in gold or to a lesser degree, in silver, platinum, diamonds or other precious metals and minerals.

General Account - This fund pays interest at a stated rate determined by the custodian, and principal amounts and previously credited interest are guaranteed.

Vesting

Participants are immediately vested in their contributions plus earnings thereon. Participants who leave the plan because of death, early or normal retirement, or disability retirement, as defined in the plan, are considered 100% vested. Company discretionary contributions and earnings thereon vest based on years of service (as defined in plan), as follows:

<u>Vesting Years of Service</u>	<u>Percentage Vested</u>
Less than 2 years	0%
2 years but less than 3	20%
3 years but less than 4	40%
4 years but less than 5	60%
5 years but less than 6	80%
6 or more years	100%

Forfeited Accounts

As of December 31, 2014 and 2013, forfeited nonvested account balances totaled \$20,802 and \$43,139, respectively. These accounts will be used to reduce future company contributions. During 2014, \$88,191 in forfeitures was used to reduce employer contributions.

CIENA HEALTHCARE MANAGEMENT, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2014 and 2013 and for the Year Ended December 31, 2014

NOTE 1 - Description of the Plan (cont.)

Payment of Benefits

Benefits may be paid to the participant or beneficiary upon death, disability, retirement or termination of employment, as defined in the plan agreement. The plan provides for normal retirement at age 59.5. The total vested portion of a participant's account balance is distributed in the form of lump-sum payment in cash. Participants experiencing financial hardship may withdraw a portion of this account balance as defined in the plan.

Termination of Plan

Although it has not expressed any intent to do so, the company has the right under the plan to terminate the plan at any time subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

Administrative Expenses

The company pays a portion of the plan's administrative expenses.

Notes Receivable from Participants

Participant loans are not permitted.

Subsequent Events

The plan has evaluated subsequent events through October 13, 2015, which is the date that the financial statements were approved and available to be issued, for events requiring recording or disclosure in the plan's financial statements.

NOTE 2 - Summary of Significant Accounting Policies

Basis of Accounting and Use of Estimates

The accompanying financial statements have been prepared on the accrual basis of accounting. The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan's management to use estimates and assumptions that affect the accompanying financial statements and disclosures. Actual results could differ from these estimates.

Investment Valuation and Income Recognition

The plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Refer to Note 5 Fair Value of Financial Instruments for details on inputs, valuation techniques and fair value measurement level within the fair value hierarchy.

CIENA HEALTHCARE MANAGEMENT, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2014 and 2013 and for the Year Ended December 31, 2014

NOTE 2 - Summary of Significant Accounting Policies (cont.)

Investment Valuation and Income Recognition (cont.)

Net appreciation or depreciation of investments included in the accompanying statement of changes in net assets available for benefits includes realized gains or losses from the sale of investments and unrealized appreciation or depreciation in fair value of investments. Net unrealized appreciation or depreciation in the fair value of investments represents the net change in the fair value of the investments held during the period. The net realized gains or losses on the sale of investments represents the difference between the sale proceeds and the fair value of the investment as of the beginning of the period or the cost of the investment if purchased during the year.

The plan invests in pooled separate accounts that determine their fair value using the net asset value (NAV) of the funds. The NAV is determined by each fund's trustee using the fair value of the underlying securities within the fund at year end.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date.

Payment of Benefits

Benefits are recorded when paid.

Recent Accounting Pronouncements

In May 2015, the Financial Accounting Standards Board issued Accounting Standards Update No. 2015-07, Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent) ("ASU 2015-07"). ASU 2015-07 removes the requirement to include investments in the fair value hierarchy for which fair value is measured using the net asset value per share practical expedient under Accounting Standards Codification 820. ASU 2015-07 is effective for the plan for years beginning after December 15, 2016 with early adoption permitted. Management is currently evaluating the impact of the pending adoption of ASU 2015-07 on the plan's financial statements.

In July 2015, the FASB issued Accounting Standards Update No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965) - I. Fully Benefit-Responsive Investment Contracts; II. Plan Investment Disclosures, and III. Measurement Date Practical Expedient* ("ASU 2015-12"). Part I of the accounting standards update requires fully-benefit responsive investment contracts to be measured, presented, and disclosed only at contract value. Part II of this update requires that investments (both participant-directed and nonparticipant-directed investments) be grouped only by general type, eliminating the need to disaggregate the investments in multiple ways. Part II also eliminates the disclosure of individual investments that represent 5 percent or more of net assets available for benefits and the disclosure of net appreciation or depreciation for investments by general type, requiring only presentation of net appreciation (depreciation) in investments in the aggregate. Additionally, if an investment is measured using the net asset value per share (or its equivalent) practical expedient in Topic 820 and that investment is a fund that files a U.S. Department of Labor Form 5500, as a direct filing entity, disclosure of that investment's strategy is no longer required. Part III of the update permits plans to measure investments and investment-related accounts (e.g., a liability for a pending trade with a broker) as of a month-end date that is closest to the plan's fiscal year-end, when the fiscal period does not coincide with month-end.

CIENA HEALTHCARE MANAGEMENT, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2014 and 2013 and for the Year Ended December 31, 2014

NOTE 2 - Summary of Significant Accounting Policies (cont.)

Recent Accounting Pronouncements (cont.)

The amendments in ASU 2015-12 are effective for fiscal years beginning after December 15, 2015, with early application permitted. The amendments within Parts I and II require retrospective application; whereas, the amendments within Part III should be applied prospectively. Management is currently evaluating the impact of the pending adoption of ASU 2015-12 on the plan's financial statements.

NOTE 3 - Information Prepared and Certified by Custodian - Unaudited

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by John Hancock Life Insurance Company (U.S.A), the custodian of the plan.

The following presents investments at December 31, 2014 and 2013 that represent 5% or more of the plan's net assets. Investments which individually comprise less than 5% of the plan's total assets available for benefits in both 2014 and 2013, have been combined as "Other Investments".

	<u>2014</u>	<u>2013</u>
Investments		
Pooled separate accounts:		
Retirement Living at 2045	\$ 1,273,833	\$ 1,039,130
Retirement Living at 2040	943,384	865,637
Retirement Living at 2035	1,530,478	1,389,035
Retirement Living at 2030	1,586,125	1,419,269
Retirement Living at 2025	1,656,745	1,493,883
Retirement Living at 2020	1,652,534	1,616,372
Other Investments	<u>5,291,152</u>	<u>4,971,194</u>
Total Investments	<u>\$ 14,773,660</u>	<u>\$ 12,794,520</u>

During the year ended December 31, 2014, the plan's investments (including dividends, interest and gains and losses on investments bought, sold, and held during the year) appreciated in value as follows:

Pooled separate accounts	<u>\$ 680,881</u>
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The plan's independent auditors did not perform auditing procedures with respect to the above information, except for comparing such information to the related information included in the financial statements and supplementary schedule.

Investments, in general, are subject to various risks, including credit, interest, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in values of investment securities will occur in the near term, and such changes could materially affect the amounts reported in the statements of net assets available for benefits.

CIENA HEALTHCARE MANAGEMENT, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2014 and 2013 and for the Year Ended December 31, 2014

NOTE 4 - Parties In Interest

Certain plan investments are pooled separate accounts managed by the custodian and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the plan related to investment management services provided by custodian are party-in-interest transactions. These funds are netted against interest income.

NOTE 5 - Fair Value of Financial Instruments

The plan follows accounting principles generally accepted in the United States of America for measuring, reporting, and disclosing fair value. These standards apply to all assets and liabilities that are measured, reported, and/or disclosed on a fair value basis.

As defined in the accounting standards, 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. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values. Assets and liabilities measured, reported and/or disclosed at fair value will be classified and disclosed in one of the following three categories:

Level 1 - Quoted market prices in active markets for identical investments.

Level 2 - Observable market based inputs or unobservable inputs that are corroborated by market data. Level 2 inputs include (a) quoted prices for similar investments in active markets; (b) quoted prices for identical or similar investments in markets that are not active; and (c) inputs other than quoted prices that are observable for the investment.

Level 3 - Unobservable inputs that are not corroborated by market data. Unobservable inputs are inputs that reflect the plan's own assumptions used in pricing an investment based on the best information available.

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

The plan sponsor is responsible for the determination of fair value. Accordingly, they perform periodic analysis on the prices received from the pricing services used to determine whether the prices are reasonable estimates of fair value. As a result of these reviews, the plan sponsor has not historically adjusted the prices obtained from the pricing services.

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

- > Pooled separate accounts: The majority of underlying securities have observable Level 1 quoted pricing inputs. While the underlying asset values are quoted prices, the NAV of a separate account is not publicly quoted and therefore these are considered Level 2 investments.
- > General account: The underlying securities in this account have both Level 1 and Level 2 pricing inputs, since the account is not actively traded, it is considered Level 2 in nature.

CIENA HEALTHCARE MANAGEMENT, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2014 and 2013 and for the Year Ended December 31, 2014

NOTE 5 - Fair Value of Financial Instruments (cont.)

The table below presents the balances of assets measured at fair value on a recurring basis by level within the hierarchy.

	December 31, 2014			
	Total	Level 1	Level 2	Level 3
Pooled Separate Accounts:				
Large Cap Equity Funds	\$ 1,557,650	\$ -	\$ 1,557,650	\$ -
Mid-Cap Equity Funds	499,930	-	499,930	-
Small Cap Equity Funds	193,817	-	193,817	-
International Equity Funds	190,392	-	190,392	-
Balanced Funds	2,424,004	-	2,424,004	-
Target Date Funds	9,451,984	-	9,451,984	-
Bond Funds	175,136	-	175,136	-
Money Market Funds	271,386	-	271,386	-
Precious Metals Funds	6,763	-	6,763	-
General Account	2,598	-	2,598	-
Total Investments	<u>\$14,773,660</u>	<u>\$ -</u>	<u>\$ 14,773,660</u>	<u>\$ -</u>

	December 31, 2013			
	Total	Level 1	Level 2	Level 3
Pooled Separate Accounts:				
Large Cap Equity Funds	\$ 1,083,967	\$ -	\$ 1,083,967	\$ -
Mid-Cap Equity Funds	383,106	-	383,106	-
Small Cap Equity Funds	144,000	-	144,000	-
International Equity Funds	179,844	-	179,844	-
Balanced Funds	1,732,740	-	1,732,740	-
Target Date Funds	8,978,863	-	8,978,863	-
Bond Funds	167,284	-	167,284	-
Money Market Funds	117,985	-	117,985	-
Precious Metals Funds	5,260	-	5,260	-
General Account	1,472	-	1,472	-
Total Investments	<u>\$12,794,521</u>	<u>\$ -</u>	<u>\$12,794,521</u>	<u>\$ -</u>

There were no unfunded commitments or any significant redemption restrictions on the investments described above.

CIENA HEALTHCARE MANAGEMENT, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2014 and 2013 and for the Year Ended December 31, 2014

NOTE 6 - Tax Status

The plan obtained its latest determination letter on March 29, 2012, in which the Internal Revenue Service (IRS) stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The plan is required to operate in conformity with the IRC to maintain its qualification. The plan administrator is not aware of any events that have occurred that might adversely affect the plan's qualified status.

U.S. generally accepted accounting principles require plan management to evaluate tax positions taken by the plan. The financial statements effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2014 and 2013, there are no uncertain positions taken or expected to be taken. The plan has recognized no interest or penalties related to uncertain tax positions. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes the plan is no longer subject to income tax examinations for years prior to 2012.

NOTE 7 - Prohibited Transactions

During 2014, the plan sponsor failed to remit all employee contributions to the plan on a timely basis, which is a prohibited transaction under ERISA. The plan sponsor is in the process of calculating the lost earnings to the participants and will contribute that amount to the plan during 2015 in order to correct the prohibited transaction.

SUPPLEMENTAL INFORMATION

CIENA HEALTHCARE MANAGEMENT, INC. 401(K) PLAN

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

Plan 001

EIN 38-3439639

As of December 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	10 Year Compound	General Interest Account	**	\$ 2,598
*	500 Index Fund	Pooled Separate Account	**	239,819
	American Balanced Fund	Pooled Separate Account	**	12,204
	American Century Heritage	Pooled Separate Account	**	33,346
	BlackRock Global Allocation	Pooled Separate Account	**	10,932
	Blue Chip Growth Fund	Pooled Separate Account	**	128,706
	Capital Appreciation Fund	Pooled Separate Account	**	84,223
	Capital Income Builder	Pooled Separate Account	**	2,869
	Capital World Bond Fund	Pooled Separate Account	**	1,654
	Capital World Growth and Income	Pooled Separate Account	**	968
*	Core Diversified Growth and Income G.I.L.F.	Pooled Separate Account	**	19
	DFA Emerging Markets Value	Pooled Separate Account	**	3,376
	DFA TAVA	Pooled Separate Account	**	37
	DFA U.S. Small Cap Fund	Pooled Separate Account	**	31,566
	Davis New York Venture	Pooled Separate Account	**	9,525
	Energy	Pooled Separate Account	**	13,297
	EuroPacific Growth Fund	Pooled Separate Account	**	6,511
	Explorer	Pooled Separate Account	**	71,496
	FT Founding Allocation	Pooled Separate Account	**	956
	Fidelity Adv Leveraged	Pooled Separate Account	**	15,202
	Fidelity Adv New Insights	Pooled Separate Account	**	1,728
	Fidelity ContraFund	Pooled Separate Account	**	185,457
	Financial Services Fund	Pooled Separate Account	**	29
	Franklin Small-Mid Growth	Pooled Separate Account	**	22,763
	Fundamental All Cap Core Fund	Pooled Separate Account	**	893
	Fundamental Investors	Pooled Separate Account	**	6,503
	Fundamental Large Cap Value	Pooled Separate Account	**	10,826
	Growth Index Fund	Pooled Separate Account	**	122,418
	IDX Total	Pooled Separate Account	**	4,576
	Income Fund of America	Pooled Separate Account	**	16,512
*	Instl Small Cap Fund	Pooled Separate Account	**	5,516
*	International Equity Index Fund	Pooled Separate Account	**	11,278

CIENA HEALTHCARE MANAGEMENT, INC. 401(K) PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONT.)

Plan 001

EIN 38-3439639

As of December 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	International Growth Fund	Pooled Separate Account	**	1,052
	Invesco International Growth	Pooled Separate Account	**	1,297
	Investment Company of America	Pooled Separate Account	**	12,631
	Ivy Asset Strategy Fund	Pooled Separate Account	**	13,363
*	John Hancock Disciplined Value	Pooled Separate Account	**	35,043
*	John Hancock Rainier Growth	Pooled Separate Account	**	28,749
	Keeley Small Cap Value	Pooled Separate Account	**	1,534
	Legg Mason ClearBr Aggregate Growth	Pooled Separate Account	**	54,378
*	Lifestyle Aggressive	Pooled Separate Account	**	311,168
*	Lifestyle Balanced	Pooled Separate Account	**	839,409
*	Lifestyle Balanced G.I.F.L.	Pooled Separate Account	**	5,722
*	Lifestyle Conservative	Pooled Separate Account	**	372,354
*	Lifestyle Conservative G.I.L.F.	Pooled Separate Account	**	114,461
*	Lifestyle Growth	Pooled Separate Account	**	740,796
*	Lifestyle Growth G.I.F.L.	Pooled Separate Account	**	12,559
*	Lifestyle Moderate	Pooled Separate Account	**	344,425
*	Mass Investors Fund	Pooled Separate Account	**	9,218
*	Mid Cap Index Fund	Pooled Separate Account	**	32,375
*	Mid Cap Value Fund	Pooled Separate Account	**	16,853
*	Mid Value Fund	Pooled Separate Account	**	24,714
*	Money Market Fund	Pooled Separate Account	**	271,386
	Mutual Beacon	Pooled Separate Account	**	31,882
	Mutual Global Discovery	Pooled Separate Account	**	19,759
	New World Fund	Pooled Separate Account	**	22,461
	Oppenheimer Developing Market	Pooled Separate Account	**	29,439
	Oppenheimer Global	Pooled Separate Account	**	5,160
	Oppenheimer International Bond	Pooled Separate Account	**	6,049
	Oppenheimer International Growth Fund	Pooled Separate Account	**	36,268
	Parnassus Equity Income	Pooled Separate Account	**	32,209
	Pimco All Asset	Pooled Separate Account	**	7,074
	Pimco Real Return	Pooled Separate Account	**	6,943
	Pimco Total Return	Pooled Separate Account	**	56,222

CIENA HEALTHCARE MANAGEMENT, INC. 401(K) PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONT.)

Plan 001

EIN 38-3439639

As of December 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Real Estate Securities Fund	Pooled Separate Account	**	12,412
*	Retirement Living at 2010	Pooled Separate Account	**	374,729
*	Retirement Living at 2015	Pooled Separate Account	**	262,525
*	Retirement Living at 2020	Pooled Separate Account	**	1,652,532
*	Retirement Living at 2025	Pooled Separate Account	**	1,656,745
*	Retirement Living at 2030	Pooled Separate Account	**	1,586,125
*	Retirement Living at 2035	Pooled Separate Account	**	1,530,478
*	Retirement Living at 2040	Pooled Separate Account	**	943,384
*	Retirement Living at 2045	Pooled Separate Account	**	1,273,833
*	Retirement Living at 2050	Pooled Separate Account	**	144,981
*	Retirement Living at 2055	Pooled Separate Account	**	20,928
	Royce Opportunity	Pooled Separate Account	**	26,593
	Science and Technology Fund	Pooled Separate Account	**	7,410
	Short-term Federal	Pooled Separate Account	**	16,266
*	Small Cap Growth	Pooled Separate Account	**	35,661
*	Small Cap Growth Index	Pooled Separate Account	**	35,690
*	Small Cap Opportunities Fund	Pooled Separate Account	**	11,247
*	Small Cap World Fund	Pooled Separate Account	**	33,888
*	Small Equity Index Fund	Pooled Separate Account	**	7
*	Strategic Income Opp Fund	Pooled Separate Account	**	24,487
	T. Rowe Price Equity Inc.	Pooled Separate Account	**	81,767
	T. Rowe Price Health Sci	Pooled Separate Account	**	214,407
	T. Rowe Price Science and Technology	Pooled Separate Account	**	24,477
	T. Rowe Price Small Cap Value	Pooled Separate Account	**	43,981
	T. Rowe Price Spectrum, Inc.	Pooled Separate Account	**	10,763
	TOCQ Gold	Pooled Separate Account	**	6,763
	Templeton World	Pooled Separate Account	**	5,331
	The Growth Fund of America	Pooled Separate Account	**	1,812
*	Total Bond Market Fund	Pooled Separate Account	**	38,635
*	US Equity Fund	Pooled Separate Account	**	1,791
*	US Government Securities	Pooled Separate Account	**	139
*	Utilities Fund	Pooled Separate Account	**	17,414

CIENA HEALTHCARE MANAGEMENT, INC. 401(K) PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONT.)

Plan 001

EIN 38-3439639

As of December 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	VS High Yield	Pooled Separate Account	**	12,933
*	Value Fund	Pooled Separate Account	**	56,362
*	Value Index Fund	Pooled Separate Account	**	41,056
	Vanguard Small Cap Value Index	Pooled Separate Account	**	1,983
	Victory Diversified Stock	Pooled Separate Account	**	8,673
	Washington Mutual Investors	Pooled Separate Account	**	696
	Cash	Cash	**	<u>15,277</u>
	Total			<u>\$ 14,788,937</u>

* Represents a party in interest

** Cost omitted for participant directed investments

CIENA HEALTHCARE MANAGEMENT, INC. 401(K) PLAN

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Plan 21

EIN 38-3439639

For the Year Ended December 31, 2014

Participant Contributions Transferred Late to the Plan			Check here if participant loan repayments are included	Total that Constitutes Non-Exempt Prohibited Transactions			Total fully corrected under VFCP and PTE 2002-51
Amount Withheld	Date Withheld	Date Remitted		Contributions not corrected	Contributions corrected outside the VFCP	Contributions pending correction in VFCP	
\$ 59,496	11/22/14	12/11/14	☒	\$ -	\$ 59,496	\$ -	\$ 59,496
23,909	12/13/14	1/16/15	☒	-	23,909	-	23,909
38,038	12/20/14	1/16/15	☒	-	38,038	-	38,038
23,594	12/27/14	1/16/15	☒	-	23,594	-	23,594

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2014****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014

and ending 12/31/2014

- A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ 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

CIENA HEALTHCARE MANAGEMENT, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶

001

1c Effective date of plan
07/01/2000**2a** Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

CIENA HEALTHCARE MANAGEMENT, INC.

4000 TOWN CENTER
SUITE 700
SOUTHFIELD, MI 480754000 TOWN CENTER
SUITE 700
SOUTHFIELD, MI 48075**2b** Employer Identification Number (EIN)
38-3439639**2c** Plan Sponsor's telephone number
248-386-0300**2d** Business code (see instructions)
623000**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		10/15/15	ANIS KHAN
	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)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2014)
v. 140124

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: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 5149
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) 4965
a(2) Total number of active participants at the end of the plan year	6a(2) 4264
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 178
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 4442
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 1
f Total. Add lines 6d and 6e.	6f 4443
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g 866
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 52
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 2G 2J 2K 2T 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☒ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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 _____

CIENA HEALTHCARE MANAGEMENT, INC. 401(K) PLAN

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

Plan 001

EIN 38-3439639

As of December 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	10 Year Compound	General Interest Account	**	\$ 2,598
*	500 Index Fund	Pooled Separate Account	**	239,819
	American Balanced Fund	Pooled Separate Account	**	12,204
	American Century Heritage	Pooled Separate Account	**	33,346
	BlackRock Global Allocation	Pooled Separate Account	**	10,932
	Blue Chip Growth Fund	Pooled Separate Account	**	128,706
	Capital Appreciation Fund	Pooled Separate Account	**	84,223
	Capital Income Builder	Pooled Separate Account	**	2,869
	Capital World Bond Fund	Pooled Separate Account	**	1,654
	Capital World Growth and Income	Pooled Separate Account	**	968
*	Core Diversified Growth and Income G.I.L.F.	Pooled Separate Account	**	19
	DFA Emerging Markets Value	Pooled Separate Account	**	3,376
	DFA TAVA	Pooled Separate Account	**	37
	DFA U.S. Small Cap Fund	Pooled Separate Account	**	31,566
	Davis New York Venture	Pooled Separate Account	**	9,525
	Energy	Pooled Separate Account	**	13,297
	EuroPacific Growth Fund	Pooled Separate Account	**	6,511
	Explorer	Pooled Separate Account	**	71,496
	FT Founding Allocation	Pooled Separate Account	**	956
	Fidelity Adv Leveraged	Pooled Separate Account	**	15,202
	Fidelity Adv New Insights	Pooled Separate Account	**	1,728
	Fidelity ContraFund	Pooled Separate Account	**	185,457
	Financial Services Fund	Pooled Separate Account	**	29
	Franklin Small-Mid Growth	Pooled Separate Account	**	22,763
	Fundamental All Cap Core Fund	Pooled Separate Account	**	893
	Fundamental Investors	Pooled Separate Account	**	6,503
	Fundamental Large Cap Value	Pooled Separate Account	**	10,826
	Growth Index Fund	Pooled Separate Account	**	122,418
	IDX Total	Pooled Separate Account	**	4,576
	Income Fund of America	Pooled Separate Account	**	16,512
*	Instl Small Cap Fund	Pooled Separate Account	**	5,516
*	International Equity Index Fund	Pooled Separate Account	**	11,278

CIENA HEALTHCARE MANAGEMENT, INC. 401(K) PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONT.)

Plan 001

EIN 38-3439639

As of December 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	International Growth Fund	Pooled Separate Account	**	1,052
	Invesco International Growth	Pooled Separate Account	**	1,297
	Investment Company of America	Pooled Separate Account	**	12,631
	Ivy Asset Strategy Fund	Pooled Separate Account	**	13,363
*	John Hancock Disciplined Value	Pooled Separate Account	**	35,043
*	John Hancock Rainier Growth	Pooled Separate Account	**	28,749
	Keeley Small Cap Value	Pooled Separate Account	**	1,534
	Legg Mason ClearBr Aggregate Growth	Pooled Separate Account	**	54,378
*	Lifestyle Aggressive	Pooled Separate Account	**	311,168
*	Lifestyle Balanced	Pooled Separate Account	**	839,409
*	Lifestyle Balanced G.I.F.L.	Pooled Separate Account	**	5,722
*	Lifestyle Conservative	Pooled Separate Account	**	372,354
*	Lifestyle Conservative G.I.L.F.	Pooled Separate Account	**	114,461
*	Lifestyle Growth	Pooled Separate Account	**	740,796
*	Lifestyle Growth G.I.F.L.	Pooled Separate Account	**	12,559
*	Lifestyle Moderate	Pooled Separate Account	**	344,425
*	Mass Investors Fund	Pooled Separate Account	**	9,218
*	Mid Cap Index Fund	Pooled Separate Account	**	32,375
*	Mid Cap Value Fund	Pooled Separate Account	**	16,853
*	Mid Value Fund	Pooled Separate Account	**	24,714
*	Money Market Fund	Pooled Separate Account	**	271,386
	Mutual Beacon	Pooled Separate Account	**	31,882
	Mutual Global Discovery	Pooled Separate Account	**	19,759
	New World Fund	Pooled Separate Account	**	22,461
	Oppenheimer Developing Market	Pooled Separate Account	**	29,439
	Oppenheimer Global	Pooled Separate Account	**	5,160
	Oppenheimer International Bond	Pooled Separate Account	**	6,049
	Oppenheimer International Growth Fund	Pooled Separate Account	**	36,268
	Parnassus Equity Income	Pooled Separate Account	**	32,209
	Pimco All Asset	Pooled Separate Account	**	7,074
	Pimco Real Return	Pooled Separate Account	**	6,943
	Pimco Total Return	Pooled Separate Account	**	56,222

CIENA HEALTHCARE MANAGEMENT, INC. 401(K) PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONT.)

Plan 001

EIN 38-3439639

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(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Real Estate Securities Fund	Pooled Separate Account	**	12,412
*	Retirement Living at 2010	Pooled Separate Account	**	374,729
*	Retirement Living at 2015	Pooled Separate Account	**	262,525
*	Retirement Living at 2020	Pooled Separate Account	**	1,652,532
*	Retirement Living at 2025	Pooled Separate Account	**	1,656,745
*	Retirement Living at 2030	Pooled Separate Account	**	1,586,125
*	Retirement Living at 2035	Pooled Separate Account	**	1,530,478
*	Retirement Living at 2040	Pooled Separate Account	**	943,384
*	Retirement Living at 2045	Pooled Separate Account	**	1,273,833
*	Retirement Living at 2050	Pooled Separate Account	**	144,981
*	Retirement Living at 2055	Pooled Separate Account	**	20,928
	Royce Opportunity	Pooled Separate Account	**	26,593
	Science and Technology Fund	Pooled Separate Account	**	7,410
	Short-term Federal	Pooled Separate Account	**	16,266
*	Small Cap Growth	Pooled Separate Account	**	35,661
*	Small Cap Growth Index	Pooled Separate Account	**	35,690
*	Small Cap Opportunities Fund	Pooled Separate Account	**	11,247
*	Small Cap World Fund	Pooled Separate Account	**	33,888
*	Small Equity Index Fund	Pooled Separate Account	**	7
*	Strategic Income Opp Fund	Pooled Separate Account	**	24,487
	T. Rowe Price Equity Inc.	Pooled Separate Account	**	81,767
	T. Rowe Price Health Sci	Pooled Separate Account	**	214,407
	T. Rowe Price Science and Technology	Pooled Separate Account	**	24,477
	T. Rowe Price Small Cap Value	Pooled Separate Account	**	43,981
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	The Growth Fund of America	Pooled Separate Account	**	1,812
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CIENA HEALTHCARE MANAGEMENT, INC. 401(K) PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONT.)

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	Washington Mutual Investors	Pooled Separate Account	**	696
	Cash	Cash	**	15,277
	Total			<u>\$ 14,788,937</u>

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** Cost omitted for participant directed investments