

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

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>PROHEALTH MEDICAL MANAGEMENT, LLC 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1998</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1998</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1998</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>PROHEALTH MEDICAL MANAGEMENT, LLC</u> <u>2800 MARCUS AVE.</u> <u>LAKE SUCCESS, NY 11042</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>47-1049961</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>516-622-6000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621111</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>47-1049961</u>	2c Plan Sponsor's telephone number <u>516-622-6000</u>	2d Business code (see instructions) <u>621111</u>	
2b Employer Identification Number (EIN) <u>47-1049961</u>					
2c Plan Sponsor's telephone number <u>516-622-6000</u>					
2d Business code (see instructions) <u>621111</u>					

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

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

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

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <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 PROHEALTH CORP.	4b EIN 11-3371244 4c PN 001
5 Total number of participants at the beginning of the plan year	5 2820
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) 2750
a(2) Total number of active participants at the end of the plan year	6a(2) 3016
b Retired or separated participants receiving benefits	6b
c Other retired or separated participants entitled to future benefits.....	6c 88
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 3104
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e
f Total. Add lines 6d and 6e	6f 3104
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 993
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2R 3D 3H	
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan PROHEALTH MEDICAL MANAGEMENT, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PROHEALTH MEDICAL MANAGEMENT, LLC	D Employer Identification Number (EIN) 47-1049961

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

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(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
13-5570651	62944	698027		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
38950	0

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

ERIC WILSON
AXA EQUITABLE
1266 EAST MAIN STREET 6TH FLOOR
STAMFORD, CT 06902-3546

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
37491			3

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

EMILIO PAOLONI
AXA EQUITABLE
1266 EAST MAIN STREET
STAMFORD, CT 06902-3546

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1459	0		3

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(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	3878323
5 Current value of plan's interest under this contract in separate accounts at year end	5	39851068

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 ▶ GIC

b Balance at the end of the previous year.....	7b	3872634
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c Additions: (1) Contributions deposited during the year.....	7c(1)	739271	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	77390	
(4) Transferred from separate account.....	7c(4)	124852	
(5) Other (specify below)	7c(5)	50635	
▶ PARTICIPANT LOAN REPAYMENTS			

(6) Total additions.....	7c(6)	992148
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d Total of balance and additions (add lines 7b and 7c(6))	7d	4864782
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	610374	
(2) Administration charge made by carrier	7e(2)	1024	
(3) Transferred to separate account.....	7e(3)	315163	
(4) Other (specify below)	7e(4)	59898	

▶ PARTICIPANT LOAN(52236) DEPREC FAIR VALUE (7662)

(5) Total deductions.....	7e(5)	986459
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	3878323
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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. ▶

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	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 PROHEALTH MEDICAL MANAGEMENT, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PROHEALTH MEDICAL MANAGEMENT, LLC	D Employer Identification Number (EIN) 47-1049961	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

AXA EQUITABLE

13-5570651

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 58	RECORDKEEPER	9950	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:

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

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

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

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

SCHEDULE H (Form 5500) <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
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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 PROHEALTH MEDICAL MANAGEMENT, LLC 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 PROHEALTH MEDICAL MANAGEMENT, LLC	D Employer Identification Number (EIN) 47-1049961	

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			
b	Receivables (less allowance for doubtful accounts):				
	(1) Employer contributions.....	1b(1)			
	(2) Participant contributions.....	1b(2)			
	(3) Other.....	1b(3)			
c	General investments:				
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)			
	(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)	810945		1061500
	(9) Value of interest in common/collective trusts	1c(9)			
	(10) Value of interest in pooled separate accounts	1c(10)	32005001		39851068
	(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)	3872634		3878323
	(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	36688580	44790891

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	36688580	44790891
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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)		
(B) Participants	2a(1)(B)	7155982	
(C) Others (including rollovers)	2a(1)(C)	1659178	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		8815160
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)	36308	
(F) Other	2b(1)(F)	77390	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		113698
(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)		
(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)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-7662	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-7662

		(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)		2171623
(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		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		11092819

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2768797	
(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)		2768797
f Corrective distributions (see instructions).....	2f		206449
g Certain deemed distributions of participant loans (see instructions).....	2g		5312
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	9950	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		9950
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2990508

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		8102311
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: EICHEN & DIMEGLIO, P.C.

(2) EIN: 11-3320902

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d			
e Was this plan covered by a fidelity bond?	X		1000000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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

A Name of plan <u>PROHEALTH MEDICAL MANAGEMENT, LLC 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>PROHEALTH MEDICAL MANAGEMENT, LLC</u>	D Employer Identification Number (EIN) <u>47-1049961</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-5570651</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**PROHEALTH MEDICAL MANAGEMENT, LLC
401(k) SAVINGS PLAN
(Formerly, PROHEALTH CORP. 401(k) SAVINGS PLAN)**

Statements of Net Assets Available for Benefits
as of December 31, 2014 and 2013, Statement of
Changes in Net Assets Available for Benefits for
the Year Ended December 31, 2014, Supplemental
Schedule for the Year Ended December 31, 2014
and Independent Auditors' Report



INDEPENDENT AUDITORS' REPORT

To the management of ProHEALTH Medical Management, LLC 401(k) Savings Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of ProHEALTH Medical Management, LLC 401(k) Savings Plan (formerly, ProHEALTH Corp. 401(k) Savings 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

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, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by AXA Equitable Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodian as of and for the years ended December 31, 2014 and 2013, 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 schedule of assets (held at end of year) – December 31, 2014 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, 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.

Eichen & DiMeglio, P.C.

Plainview, New York
October 5, 2015

PROHEALTH MEDICAL MANAGEMENT, LLC 401(k) SAVINGS PLAN
(Formerly, PROHEALTH CORP. 401(k) SAVINGS PLAN)

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AS OF
DECEMBER 31, 2014 AND 2013

	<u>2014</u>	<u>2013</u>
ASSETS:		
INVESTMENTS, at fair value:		
Participant – directed investments	43,729,391	35,877,635
RECEIVABLES:		
Notes receivable from participants	<u>1,061,500</u>	<u>810,945</u>
TOTAL ASSETS	44,790,891	36,688,580
LIABILITY - EXCESS CONTRIBUTIONS PAYABLE	<u>(43,874)</u>	<u>(198,864)</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 44,747,017</u>	<u>\$ 36,489,716</u>

See notes to financial statements.

PROHEALTH MEDICAL MANAGEMENT, LLC 401(k) SAVINGS PLAN
(Formerly, PROHEALTH CORP. 401(k) SAVINGS PLAN)

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2014

ADDITIONS TO NET ASSETS:

Net appreciation in fair value of investments	2,163,961
Interest and dividends	77,390

Contributions:

Participant	7,112,108
Rollover	1,659,178

Interest income on notes receivable from participants	36,308
Total additions	<u>11,048,945</u>

DEDUCTIONS FROM NET ASSETS:

Benefits paid to participants	(2,781,694)
Administrative expenses	<u>(9,950)</u>
Total deductions	<u>(2,791,644)</u>

NET INCREASE IN ASSETS	<u>8,257,301</u>
------------------------	------------------

NET ASSETS AVAILABLE FOR BENEFITS,

Beginning of year	36,489,716
End of year	\$ <u>44,747,017</u>

See notes to financial statements.

**PROHEALTH MEDICAL MANAGEMENT, LLC 401(k) SAVINGS PLAN
(Formerly, PROHEALTH CORP. 401(k) SAVINGS PLAN)**

NOTES TO FINANCIAL STATEMENTS

1. PLAN DESCRIPTION

Background - The ProHEALTH Medical Management, LLC 401(k) Savings Plan (formerly, ProHealth Corp. 401(k) Savings Plan) ("the Plan"), is a defined contribution plan as described in the Internal Revenue Code ("the Code") sponsored and administered by ProHEALTH Corp. through July 10, 2014 and thereafter by ProHEALTH Medical Management, LLC ("ProHEALTH Medical" or the "Company"). The Plan was adopted on January 1, 1998 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective July 10, 2014, ProHEALTH Corp. contributed substantially all of its assets and liabilities to ProHEALTH Medical and sold 80 percent of the equity in ProHEALTH Medical to Collaborative Care Holding, LLC, an affiliate of UnitedHealth Group Incorporated. Effective the same date, all employees and benefit plans of ProHEALTH Corp. were transferred to ProHEALTH Medical. The ProHEALTH Corp. 401(k) Savings Plan was renamed ProHEALTH Medical Management, LLC 401(k) Savings Plan.

The investment custodian, which also provides recordkeeping services, is AXA Equitable Life Insurance Company ("AXA" or "the Custodian") and the third-party administrator is The Heritage Group, LLC. The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

Amendment - The Plan was amended effective July 16, 2013 to allow participants to have two loans concurrently outstanding from the Plan.

Eligibility - The Plan is available to all employees of ProHEALTH Medical, as well as the following related companies: ProHEALTH Care Associates, LLP, ProHEALTH Ambulatory Surgery Center, Inc., and Mobile Medical Services, P.C., excluding collective bargaining employees and leased employees, who have attained age 21 and completed six months of service. Eligibility credit may be given when an established medical practice joins the Company. An employee may elect participation in the Plan on the first day of the month following completion of such eligibility requirements.

1. PLAN DESCRIPTION (continued)

Contributions and Vesting - Participants in the Plan may make regular 401(k) deferral contributions, specified as a percentage of their eligible compensation or a dollar amount, on a pre-tax basis. In addition, Plan participants may make Roth 401(k) deferral contributions, specified as a percentage of their eligible compensation or a dollar amount. The Plan allows for such combined contributions up to 100 percent of eligible compensation, subject limitations imposed by the Code. Additionally, those participants who are age 50 or above may make catch-up contributions.

An eligible employee may make a transfer to the Plan of a benefit from a qualified retirement plan of another employer, referred to as rollover contributions, with certain restrictions. Participants are fully and immediately vested in their own contributions and earnings thereon.

Distributions to Participants - Distributions to participants are available upon the following events: retirement, termination of employment, the attainment of age 59 1/2, or death. A participant's benefit, consisting of his/her entire account balance, is paid in the form of a single lump sum payment or direct rollover to an individual retirement account or another retirement plan. Payment shall be made as soon as administratively feasible following the event, provided, however, that the participant's consent is obtained for distributions of amounts in excess of \$5,000. A participant with an account balance in excess of \$5,000 may elect to defer payment until minimum distribution rules apply under the Code. Participant account balances of less than \$1,000 will be paid automatically in a lump sum payment.

The Plan also provides for hardship withdrawals to participants meeting certain requirements as described in the Plan agreement. Upon written request, participants may withdraw all or a portion of their rollover contributions.

Notes Receivable from Participants - Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their account balance. The loans are secured by the balance in the participant's account. The loan interest rate, which is determined by the Company based on prevailing interest rates, remains fixed for the duration of the loan. Interest rates ranged from 3.25 percent to 5.25 percent per annum on loans outstanding as of December 31, 2014. Principal and interest is paid ratably through payroll deductions over periods of 1 to 5 years. The repayment period may be extended for loan proceeds used for the purchase of a primary residence.

Administrative Expenses - A substantial portion of administrative expenses incurred in connection with the management of the Plan are paid by the Company. In accordance with Plan provisions, the Company may, at any time, elect to have some or all of such expenses paid by the Plan. Fees related to the administration of notes receivable from participants and certain other transaction fees are charged directly to the participant's account and are included in administrative expenses. Net investment gain from pooled separate accounts is reported net of investment related expenses.

1. PLAN DESCRIPTION (continued)

Termination - The Company intends to continue the Plan indefinitely, but reserves the right to modify or discontinue it at its discretion, subject to applicable provisions of ERISA.

Reclassification - For comparability, certain 2013 amounts have been reclassified to conform with classifications adopted in 2014.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation and Use of Estimates - The Plan's policy is to prepare financial statements on the accrual basis of accounting. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes in assets and liabilities, as well as disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Risks and Uncertainties - The Plan provides for various investment options, including pooled separate investment accounts with underlying investments in any combination of stocks, bonds, fixed income securities, mutual funds and other investment securities. Investment securities are exposed to interest rate, market and credit risk. As a result of the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participant account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

Investment Valuation and Income Recognition - The Plan's investments are stated 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. See Note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net investment gain (loss) on pooled separate accounts represents the earnings (loss) on the underlying investments in such accounts, in which dividends are recorded on the ex-dividend date, and net appreciation (depreciation) includes the accounts' gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2014 or 2013. If a participant ceases to make loan repayments and the Company deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

3. INCOME TAX STATUS

In March 2008, the IRS stated in an opinion letter that the prototype plan adopted by the Company was in compliance with the applicable requirements of the Code. The Plan has been amended since receiving the opinion letter, however, the Company and management believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Accordingly, they believe that the Plan was qualified and the related trust is tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that would not likely be sustained upon examination by the Internal Revenue Service (IRS). The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Company believes it is no longer subject to income tax examinations for years prior to 2011.

4. 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 the Custodian:

	<u>2014</u>	<u>2013</u>
Statements of net assets available for benefits -		
Participant – directed investments, at fair value	\$ 39,851,068	\$ 32,005,001
Participant – directed investments, at contract value	3,977,598	3,964,247
Notes receivable from participants	1,061,500	810,945
Statement of changes in net assets available for benefits -		
Investment income:		
Net appreciation in fair value of investments	2,163,961	
Interest and dividends	77,390	
Interest on notes receivable from participants	36,308	

5. INVESTMENTS

The Plan's investments at fair value which exceeded 5 percent of net assets available for benefits as of December 31, 2014 and 2013 are as follows:

	<u>2014</u>	<u>2013</u>
Equity 500 Index Portfolio	\$ 6,627,115	\$ 5,191,515
T Rowe Price Retirement 2030	4,707,652	4,133,222
AXA Equitable Guaranteed Interest Option	3,878,323	3,872,634
Columbia Dividend Income	3,424,510	2,769,608
T Rowe Price Growth Stock Advisor	3,085,236	2,462,900
Money Market Portfolio	3,081,246	2,815,794

5. INVESTMENTS (continued)

For the year ended December 31, 2014 the Plan's investments (including gains and losses on investments bought and sold during the year) appreciated (depreciated) in value as follows:

	<u>2014</u>
Pooled separate accounts	\$ 2,171,623
Interest in insurance company general account	(7,662)

Investment Contract with Insurance Company - Contributions to the AXA Equitable Guaranteed Interest Option ("GIO") become part of AXA's general account. At the beginning of each quarter, AXA will set a minimum guaranteed interest rate for that quarter. The rate as of December 31, 2014 was 2.0 percent and the contract minimum rate in effect was 2.0 percent. The GIO is not considered fully benefit-responsive and accordingly, fair value, as determined by the Company, is the relevant measurement attribute for that portion of the net assets available for benefits attributable to this investment. Participants normally transact at contract value for participant-directed transactions. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Transfer restrictions apply, such that the maximum amount that participants may transfer from the GIO during a calendar quarter to pooled separate accounts is the greater of 25 percent of their investment in the GIO or the total amount they transferred out of the GIO during the preceding 12 months.

6. FAIR VALUE MEASUREMENTS

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

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

Level 2 – Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

6. FAIR VALUE MEASUREMENTS (continued)

The asset 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 maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. During 2014 and 2013 the fair value of the interest in the insurance company general account includes a discount for the transfer restrictions described in Note 5.

Pooled separate accounts - Investments in pooled separate accounts are stated at fair value, which have been determined based on the unit values of the accounts. Unit values are determined by AXA by dividing the account's net assets at fair value by its units outstanding at the valuation date. When taking a distribution or a loan in accordance with Plan provisions, or when making fund transfers, participants may redeem their interest in the pooled separate accounts at unit value with no waiting period or other redemption restrictions. Level 2 is appropriate for pooled separate accounts because the valuations are based primarily on quoted prices for similar assets in active markets.

Value of interest in insurance company general account - The fair value of the GIO, which is a general obligation of AXA, is based on discounted cash flows using rates for similar investments as the discount rate and taking into consideration the restrictions to plan transfers out of the account. The Plan's investment in the GIO is classified as Level 2 in the fair value hierarchy, based on inputs other than quoted prices that are observable for the asset.

6. FAIR VALUE MEASUREMENTS (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014 and 2013:

Assets at Fair Value as of December 31, 2014				
	Level 1	Level 2	Level 3	Total
Pooled separate accounts:				
Domestic stock	\$ -	\$ 16,183,570	\$ -	\$ 16,183,570
International stock	-	3,089,942	-	3,089,942
Target-Date	-	14,551,718	-	14,551,718
Bond	-	2,540,309	-	2,540,309
Money Market	-	3,081,246	-	3,081,246
Specialty	-	404,283	-	404,283
Total pooled separate accounts	-	39,851,068	-	39,851,068
Value of interest in insurance company general account:				
Guaranteed interest option	-	3,878,323	-	3,878,323
Total	\$ -	\$ 43,729,391	\$ -	\$ 43,729,391

Assets at Fair Value as of December 31, 2013				
	Level 1	Level 2	Level 3	Total
Pooled separate accounts:				
Domestic stock	\$ -	\$ 12,643,816	\$ -	\$ 12,643,816
International stock	-	2,643,441	-	2,643,441
Target-Date	-	11,568,808	-	11,568,808
Bond	-	2,085,854	-	2,085,854
Money Market	-	2,815,794	-	2,815,794
Specialty	-	247,288	-	247,288
Total pooled separate accounts	-	32,005,001	-	32,005,001
Value of interest in insurance company general account:				
Guaranteed interest option	-	3,872,634	-	3,872,634
Total	\$ -	\$ 35,877,635	\$ -	\$ 35,877,635

7. NET ASSET VALUE (NAV) PER SHARE

A summary of the Plan's investments with a reported NAV at December 31, 2014 and 2013 is set forth as follows:

<u>Investment</u>	<u>Fair Value</u> ⁽¹⁾	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Other Redemption Restrictions</u> ⁽²⁾	<u>Redemption Notice Period</u>
December 31, 2014:					
Pooled separate accounts ⁽³⁾	\$ 39,851,068	\$ -	Immediate	None	None
Total	<u>\$ 39,851,068</u>	<u>\$ -</u>			

<u>Investment</u>	<u>Fair Value</u> ⁽¹⁾	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Other Redemption Restrictions</u> ⁽²⁾	<u>Redemption Notice Period</u>
December 31, 2013:					
Pooled separate accounts ⁽³⁾	\$ 32,005,001	\$ -	Immediate	None	None
Total	<u>\$ 32,005,001</u>	<u>\$ -</u>			

⁽¹⁾ The fair values of the investments are based on the fair values of the underlying investments in the funds.

⁽²⁾ Certain events may cause funds held in the pooled separate account to be deferred, including, but not limited to, the following:

- (i) The New York Stock Exchange is closed or trading is restricted.
- (ii) Sales of securities or determination of fair value is not reasonably practicable due to an emergency.
- (iii) The Securities and Exchange Commission, by order permits AXA Equitable to defer payment in order to protect persons with interests in the Separate Account.

⁽³⁾ The underlying investments in the pooled separate account have various income strategies including total return, growth, income, liquidity, etc.

8. RELATED-PARTY TRANSACTIONS

The Plan's investments consist of pooled separate accounts and an interest in the insurance company general account managed by the Custodian. In connection with its recordkeeping services to the Plan, the administrative expenses described in Note 1 were paid to AXA. Transactions with the Custodian qualify as party-in-interest transactions; however, they are exempt from prohibited transaction rules under ERISA. Fees paid by the Plan as indirect compensation to AXA are included as a reduction of the investment return on pooled separate accounts.

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	December 31, 2014	December 31, 2013
Net assets available for benefits per the financial statements	\$ 44,747,017	\$ 36,489,716
Excess contributions payable	43,874	198,864
Net assets available for benefits per Form 5500	<u>\$ 44,790,891</u>	<u>\$ 36,688,580</u>

The following is a reconciliation changes to net income per the financial statements to the 2014 Form 5500:

	Year Ended December 31, 2014
Net increase in net assets available for benefits per the financial statements	\$ 8,257,301
Excess contributions payable	(154,990)
Form 5500	<u>\$ 8,102,311</u>

10. SUBSEQUENT EVENTS

The plan has evaluated subsequent events through October 5, 2015, the date the financial statements were available to be issued.

PROHEALTH MEDICAL MANAGEMENT, LLC 401(k) SAVINGS PLAN

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) -
DECEMBER 31, 2014**

EIN – 47-1049961

PLAN NO.-001

(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
<u>Pooled separate accounts</u>				
*	AXA Equitable	Equity 500 Index Portfolio	N/A	\$ 6,627,115
*	AXA Equitable	T Rowe Price Retirement 2030	N/A	4,707,652
*	AXA Equitable	Columbia Dividend Income	N/A	3,424,510
*	AXA Equitable	T Rowe Price Growth Stock Advisor Fund	N/A	3,085,236
*	AXA Equitable	Money Market Portfolio	N/A	3,081,246
*	AXA Equitable	T Rowe Price Retirement 2035	N/A	2,044,152
*	AXA Equitable	T Rowe Price Retirement 2050	N/A	1,966,463
*	AXA Equitable	T Rowe Price Retirement 2015	N/A	1,641,850
*	AXA Equitable	Federated Clover Small Value	N/A	1,387,910
*	AXA Equitable	Oppenheimer International Diversified	N/A	1,373,769
*	AXA Equitable	T Rowe Price Retirement 2025	N/A	1,324,141
*	AXA Equitable	T Rowe Price Retirement 2020	N/A	1,314,591
*	AXA Equitable	Fidelity VIP Investment Grade Bond	N/A	1,092,773
*	AXA Equitable	T Rowe Price Retirement 2045	N/A	938,827
*	AXA Equitable	Franklin High Income Fund	N/A	889,642
*	AXA Equitable	Janus Triton Fund	N/A	835,952
*	AXA Equitable	MFS International Value	N/A	780,975
*	AXA Equitable	American Funds New World Fund	N/A	502,345
*	AXA Equitable	EQ/Small Company Index Portfolio	N/A	429,699
*	AXA Equitable	T Rowe Price Retirement 2040	N/A	398,270
*	AXA Equitable	Invesco V.I. International Growth Fund	N/A	371,971
*	AXA Equitable	Templeton Global Bond VIP Fund	N/A	360,979
*	AXA Equitable	Invesco Global Real Estate	N/A	341,919
*	AXA Equitable	PIMCO VIT Real Return Portfolio	N/A	196,915
*	AXA Equitable	Goldman Sachs VIT Mid Cap Value	N/A	144,931
*	AXA Equitable	T Rowe Price Retirement 2055	N/A	144,748
*	AXA Equitable	Invesco Diversified Dividend Fund	N/A	106,914
*	AXA Equitable	Columbia Mid Cap Index Fund	N/A	76,156
*	AXA Equitable	PIMCO VIT CommodityReal Return Strategy	N/A	62,364
*	AXA Equitable	Oppenheimer Global Portfolio	N/A	60,882
*	AXA Equitable	Columbia Small Cap Index Fund	N/A	42,664

PROHEALTH MEDICAL MANAGEMENT, LLC 401(k) SAVINGS PLAN

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) -
DECEMBER 31, 2014 (continued)**

EIN – 47-1049961 PLAN NO.-001

(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
<u>Pooled separate accounts (continued):</u>				
*	AXA Equitable	T. Rowe Price Retirement 2010 Fund	N/A	42,619
*	AXA Equitable	T. Rowe Price Retirement 2005 Fund	N/A	28,405
*	AXA Equitable	MFS Investors Growth Stock Fund	N/A	22,483
Total pooled separate accounts				<u>39,851,068</u>
<u>Other investments:</u>				
*	AXA Equitable	Guaranteed Interest Option, 2.0%	N/A	3,878,323
*	Notes receivable from participants (interest rates ranging from 3.25% to 5.25% with maturity dates ranging from February 2015 to June 2026)		\$0	<u>1,061,500</u>
Total				\$ <u>44,790,891</u>

*An asterisk indicates a party-in-interest.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the Instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="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 attach a list of participating employer information in accordance with the form instructions); or
	☒ a single-employer plan;
B This return/report is:	☐ a DFE (specify) ____
	☐ the first 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 ProHEALTH Medical Management, LLC 401(k) Plan	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/1998</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 01/01/1998	
1b Three-digit plan number (PN) ▶	001				
1c Effective date of plan 01/01/1998					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) ProHEALTH Medical Management, LLC 2800 Marcus Ave. US Lake Success NY 11042	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 47-1049961</td> </tr> <tr> <td>2c Plan Sponsor's telephone number (516) 622-6000</td> </tr> <tr> <td>2d Business code (see instructions) 621111</td> </tr> </table>	2b Employer Identification Number (EIN) 47-1049961	2c Plan Sponsor's telephone number (516) 622-6000	2d Business code (see instructions) 621111	
2b Employer Identification Number (EIN) 47-1049961					
2c Plan Sponsor's telephone number (516) 622-6000					
2d Business code (see instructions) 621111					

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	 Signature of plan administrator	<u>10/15/15</u> Date	Gina Schroeter Enter name of individual signing as plan administrator
SIGN HERE	 Signature of employer/plan sponsor	<u>10/15/2015</u> Date	Stacey Rauch 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)

PROHEALTH MEDICAL MANAGEMENT, LLC 401(k) SAVINGS PLAN

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) -
DECEMBER 31, 2014**

EIN – 47-1049961 PLAN NO.-001

(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
<u>Pooled separate accounts</u>				
*	AXA Equitable	Equity 500 Index Portfolio	N/A	\$ 6,627,115
*	AXA Equitable	T Rowe Price Retirement 2030	N/A	4,707,652
*	AXA Equitable	Columbia Dividend Income	N/A	3,424,510
*	AXA Equitable	T Rowe Price Growth Stock Advisor Fund	N/A	3,085,236
*	AXA Equitable	Money Market Portfolio	N/A	3,081,246
*	AXA Equitable	T Rowe Price Retirement 2035	N/A	2,044,152
*	AXA Equitable	T Rowe Price Retirement 2050	N/A	1,966,463
*	AXA Equitable	T Rowe Price Retirement 2015	N/A	1,641,850
*	AXA Equitable	Federated Clover Small Value	N/A	1,387,910
*	AXA Equitable	Oppenheimer International Diversified	N/A	1,373,769
*	AXA Equitable	T Rowe Price Retirement 2025	N/A	1,324,141
*	AXA Equitable	T Rowe Price Retirement 2020	N/A	1,314,591
*	AXA Equitable	Fidelity VIP Investment Grade Bond	N/A	1,092,773
*	AXA Equitable	T Rowe Price Retirement 2045	N/A	938,827
*	AXA Equitable	Franklin High Income Fund	N/A	889,642
*	AXA Equitable	Janus Triton Fund	N/A	835,952
*	AXA Equitable	MFS International Value	N/A	780,975
*	AXA Equitable	American Funds New World Fund	N/A	502,345
*	AXA Equitable	EQ/Small Company Index Portfolio	N/A	429,699
*	AXA Equitable	T Rowe Price Retirement 2040	N/A	398,270
*	AXA Equitable	Invesco V.I. International Growth Fund	N/A	371,971
*	AXA Equitable	Templeton Global Bond VIP Fund	N/A	360,979
*	AXA Equitable	Invesco Global Real Estate	N/A	341,919
*	AXA Equitable	PIMCO VIT Real Return Portfolio	N/A	196,915
*	AXA Equitable	Goldman Sachs VIT Mid Cap Value	N/A	144,931
*	AXA Equitable	T Rowe Price Retirement 2055	N/A	144,748
*	AXA Equitable	Invesco Diversified Dividend Fund	N/A	106,914
*	AXA Equitable	Columbia Mid Cap Index Fund	N/A	76,156
*	AXA Equitable	PIMCO VIT CommodityReal Return Strategy	N/A	62,364
*	AXA Equitable	Oppenheimer Global Portfolio	N/A	60,882
*	AXA Equitable	Columbia Small Cap Index Fund	N/A	42,664

PROHEALTH MEDICAL MANAGEMENT, LLC 401(k) SAVINGS PLAN

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) -
DECEMBER 31, 2014 (continued)**

EIN – 47-1049961 PLAN NO.-001

(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
<u>Pooled separate accounts (continued):</u>				
*	AXA Equitable	T. Rowe Price Retirement 2010 Fund	N/A	42,619
*	AXA Equitable	T. Rowe Price Retirement 2005 Fund	N/A	28,405
*	AXA Equitable	MFS Investors Growth Stock Fund	N/A	22,483
Total pooled separate accounts				<u>39,851,068</u>
<u>Other investments:</u>				
*	AXA Equitable	Guaranteed Interest Option, 2.0%	N/A	3,878,323
*	Notes receivable from participants (interest rates ranging from 3.25% to 5.25% with maturity dates ranging from February 2015 to June 2026)		\$0	<u>1,061,500</u>
Total				<u>\$ 44,790,891</u>

*An asterisk indicates a party-in-interest.