

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 2014 This Form is Open to Public Inspection
---	---	--

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>MMC 401(K) SAVINGS AND RETIREMENT 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>333</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>04/01/1994</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>333</u>	1c Effective date of plan <u>04/01/1994</u>	
1b Three-digit plan number (PN) ▶	<u>333</u>				
1c Effective date of plan <u>04/01/1994</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>MEDICAL MANAGEMENT CONSULTANTS INC D/B/A MMC</u> <u>8150 BEVERLY BLVD.</u> <u>LOS ANGELES, CA 90048</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>95-3879274</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>818-878-0400</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>561300</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>95-3879274</u>	2c Plan Sponsor's telephone number <u>818-878-0400</u>	2d Business code (see instructions) <u>561300</u>	
2b Employer Identification Number (EIN) <u>95-3879274</u>					
2c Plan Sponsor's telephone number <u>818-878-0400</u>					
2d Business code (see instructions) <u>561300</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	<u>Filed with authorized/valid electronic signature.</u>		
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	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 1859
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) 1572
a(2) Total number of active participants at the end of the plan year	6a(2) 1595
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 283
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 1878
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e
f Total. Add lines 6d and 6e	6f 1878
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 1150
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 12
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: 2A 2E 2F 2G 2J 2K 3B 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) ☐ 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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

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

A Name of plan <u>MMC 401(K) SAVINGS AND RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MEDICAL MANAGEMENT CONSULTANTS INC D/B/A MMC</u>	D Employer Identification Number (EIN) <u>95-3879274</u>

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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

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

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

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

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

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)

NFP RETIREMENT

74-2794194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	149642	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VERISIGHT, INC

27-2037969

(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?
13 15 21 50	NONE	253473	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: RBZ, LLP	b EIN: 95-3439541
c Position:	
d Address: 11766 WILSHIRE BOULEVARD NINTH FLOOR LOS ANGELES, CA 90025-1586	e Telephone: 310-478-4148

Explanation: RBZ, LLP PRACTICE BECAME PART OF ARMANINO, LLP AS OF AUGUST 1, 2015

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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 2014 This Form is Open to Public Inspection.
---	--	---

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

A Name of plan <u>MMC 401(K) SAVINGS AND RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>333</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MEDICAL MANAGEMENT CONSULTANTS INC D/B/A MMC</u>	D Employer Identification Number (EIN) <u>95-3879274</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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO COLLECTIVE INVESTMENT TRUST

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN <u>45-4367155-036</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5963854</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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>MMC 401(K) SAVINGS AND RETIREMENT PLAN</u>		B Three-digit plan number (PN) ► <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MEDICAL MANAGEMENT CONSULTANTS INC D/B/A MMC</u>		D Employer Identification Number (EIN) <u>95-3879274</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	173652	74110
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	1084298	901326
(2) Participant contributions	1b(2)	111323	124752
(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)	574359	673928
(9) Value of interest in common/collective trusts	1c(9)	6137279	5963854
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	29436459	30739580
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(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	37517370	38477550

Liabilities

g Benefit claims payable	1g	64814	
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	64814	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	37452556	38477550
---	-----------	----------	----------

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1110098	
(B) Participants	2a(1)(B)	3003136	
(C) Others (including rollovers)	2a(1)(C)	297812	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4411046

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)	24467	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		24467

(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)	1057651	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1057651

(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)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		27362
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1177697
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		6698223

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4593843	
(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)		4593843
f Corrective distributions (see instructions).....	2f		23646
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	253473	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	149642	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		403115
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5020604

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1677619
l Transfers of assets:			
(1) To this plan.....	2l(1)		78271
(2) From this plan.....	2l(2)		730896

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: ARMANINO, LLP

(2) EIN: 94-6214841

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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)
CHARITY LOGIC CORPORATION 401(K) PLAN	45-3610453	001
PROFESSIONAL PARTNERS INC. 401(K) PLAN	90-0599689	001
K AND B SURGICAL CENTER LLC PROFIT SHARING TRUST	26-3166145	001
INSPERITY 401(K) PLAN	86-0178498	001

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.	
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014					
A Name of plan MMC 401(K) SAVINGS AND RETIREMENT PLAN				B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 MEDICAL MANAGEMENT CONSULTANTS INC D/B/A MMC				D Employer Identification Number (EIN) 95-3879274	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
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): 27-3169253					
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					
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					
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.					
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					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.					
Schedule R (Form 5500) 2014 v. 140124					

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): _____

MMC 401(K) SAVINGS AND RETIREMENT PLAN

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION**

**AS OF DECEMBER 31, 2014 AND 2013 AND
FOR THE YEAR ENDED DECEMBER 31, 2014**



TABLE OF CONTENTS

	<u>Page</u>
INDEPENDENT AUDITORS' REPORT	1 - 2
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
NOTES TO FINANCIAL STATEMENTS	5 - 12
SUPPLEMENTAL INFORMATION	
Schedule of Assets Held at End of Year	14

Formerly **rbz**
11786 Wilshire Boulevard
Ninth Floor
Los Angeles, CA 90025-1586
310 478 4148 main
310 312 0358 fax
armaninoLLP.com



INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
MMC 401(K) SAVINGS AND RETIREMENT PLAN
Los Angeles, California

Report on Financial Statements

We were engaged to audit the accompanying 2014 financial statements of MMC 401(k) Savings and Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2014, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to 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 ("U.S. GAAP"); this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America ("U.S. GAAS"). 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 Verisight Trust Company (Verisight), the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental information. We have been informed by the Plan administrator that the trustee held the Plan's investment and notes receivable from participant assets and executed investment transactions. The Plan administrator has obtained certification from the trustee as of December 31, 2014 and for the year then ended, that the information provided to the Plan administrator by trustee is complete and accurate.

Disclaimer of Opinion

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

INDEPENDENT AUDITORS' REPORT (Continued)

Other Matter

The supplemental schedule of assets held at end of year 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 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 information, other than that derived from the information certified by the trustee and the custodian, have been audited by us in accordance with U.S. GAAS, 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.

Prior Period Financial Statement

The financial statement of MMC 401(k) Savings and Retirement Plan as of December 31, 2013 was audited by RBZ, LLP, whose practice became part of Armanino, LLP as of August 1, 2015, and whose report dated October 9, 2014, expressed a disclaimer of opinion on that statement as permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Armanino^{LLP}
Los Angeles, California

October 14, 2015

MMC 401(K) SAVINGS AND RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2014 AND 2013

	<u>2014</u>	<u>2013</u>
Investments, at fair value		
Common collective trusts	\$ 5,963,854	\$ 6,137,279
Registered investment companies	30,739,580	29,436,459
Non-interest bearing cash	<u>74,110</u>	<u>173,652</u>
Total investments, at fair value	<u><u>36,777,544</u></u>	<u><u>35,747,390</u></u>
Receivables		
Receivables-employer contributions	901,326	1,084,298
Receivables-participants' contributions	124,752	111,323
Notes receivable from participants	<u>673,928</u>	<u>574,359</u>
Total receivables	<u><u>1,700,006</u></u>	<u><u>1,769,980</u></u>
Total Assets	38,477,550	37,517,370
Benefits Payable	<u>-</u>	<u>64,814</u>
Net Assets Available for Benefits	<u><u>\$ 38,477,550</u></u>	<u><u>\$ 37,452,556</u></u>

See accompanying notes to financial statements.

MMC 401(K) SAVINGS AND RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2014

Additions to Net Assets Attributed to	
Net appreciation in fair value of investments	\$ 1,205,059
Interest and dividends	<u>1,057,651</u>
Total investment income	<u>2,262,710</u>
Interest income from notes receivable from participants	<u>24,467</u>
Contributions	
Employer	1,110,098
Participants (including rollovers of \$297,812)	3,300,948
Corrective distribution	<u>(23,646)</u>
Total contributions	<u>4,387,400</u>
Total additions to net assets	<u>6,674,577</u>
Deductions from Net Assets Attributed to	
Benefits paid to participants	4,593,843
Administrative expenses	<u>403,115</u>
Total deductions to net assets	<u>4,996,958</u>
Net Increase before Transfers	<u>1,677,619</u>
Transfers of Assets	
To the Plan	78,271
From the Plan	<u>(730,896)</u>
Net transfers	<u>(652,625)</u>
Net Assets Available for Benefits, beginning of year	<u>37,452,556</u>
Net Assets Available for Benefits, end of year	<u>\$ 38,477,550</u>

See accompanying notes to financial statements.

MMC 401(K) SAVINGS AND RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013 AND FOR THE YEAR ENDED DECEMBER 31, 2014

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the MMC 401(k) Savings and Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a multiple-employer defined contribution plan covering substantially all employees of Medical Management Consultants, Inc., Medical Management Consultants International, Modern Medical Consultants, Inc. and other adopting subscribers (together the "Company"). The Plan was established effective April 1, 1994. The Plan is designed to provide participants with a means to defer a portion of their compensation for retirement and to provide benefits in the event of disability, death, termination or financial hardship. The Plan covers most employees of the Company who meet certain eligibility requirements. The Plan is subject to the provisions of Employee Retirement Income Security Act of 1974 ("ERISA") and subsequent amendments.

Plan Administration

The administrator of the Plan carries out the duties imposed by ERISA. The Plan administrator has delegated certain responsibilities for the operation and administration of the Plan. The Plan's investments are held by the trustee of the Plan, Verisight Trust Company ("Verisight"). Trustee and recordkeeping services are provided by Verisight, or one of its affiliates. Certain administrative expenses of the Plan were paid directly by the Company for the year ended December 31, 2014. Loan set-up and maintenance fees are paid by the individual participants receiving the loan. Investment fees, which may vary according to the individual funds selected, are deducted directly from participants' investment returns. Participants should refer to the prospectus of the individual investment funds for further details on individual investment fees.

Eligibility

Employees of the Company must be at least 21 years of age and must complete one month of service to be eligible for elective deferrals. Additionally, employees must complete up to one year of continuous service to participate in matching contributions and discretionary profit-sharing contributions. Excluded employees are employees covered by a collective bargaining agreement for which retirement benefits have been negotiated, employees hired through a contractual arrangement with an external agency, independent contractors, certain nonresident aliens who have earned no income from sources within the United States, leased employees, and employees not otherwise classified by the Company as a common law employee are not eligible to participate.

MMC 401(K) SAVINGS AND RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013 AND FOR THE YEAR ENDED DECEMBER 31, 2014

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

Participant Contributions

Participants may elect to contribute through payroll deductions amounts up to 25% of their annual compensation, as defined in the Plan, up to a maximum amount allowed by the Internal Revenue Code ("IRC"). Maximum allowed deferral amounts were \$17,500 for 2014. Participants over the age of 50 may also contribute an additional \$5,500 catch up contribution to the Plan for 2014. Participants are also allowed to rollover contributions from other qualified retirement plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Plan currently offers various mutual funds as investment options for participants. The Company may also make employer matching and profit sharing contributions.

Employer Contributions

The Company will determine in its sole discretion how much, if any, it will make as matching contributions, employer contributions, qualified matching contributions ("QMAC") and qualified nonelective contribution ("QNEC"). For 2014, employer discretionary contributions amounted to \$870,368.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of Plan earnings and charged with an allocation of administrative expenses. Allocations are based on a participant's earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. The participants are also immediately vested in the Company's QMACs and QNECs plus actual earnings thereon. Vesting in the Company's matching and contributions is based on years of continuous service and a participant is 100% vested after six years of credited service. In the event of death, disability, or attaining normal retirement age, participants are immediately vested in all Company contributions.

MMC 401(K) SAVINGS AND RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013 AND FOR THE YEAR ENDED DECEMBER 31, 2014

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50 percent of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest rates ranging from a fixed rate of 4.25% to variable rates of prime plus 1% per annum, which is commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest are paid ratably through payroll deductions over 1 to 15 years.

Plan management anticipates it will collect all of its notes receivable from participants' balances; thus, no allowance for doubtful accounts has been established.

Payment of Benefits

Distributions and withdrawals are payable upon retirement, termination, financial hardship, disability or death. If a participant's account balance is equal to or less than \$1,000, the balance may be distributed immediately in a lump-sum cash payment. Balances between \$1,000 and \$5,000 may request a lump-sum cash payment or a direct rollover into an IRA or another qualified benefit plan. If the account balance is over \$5,000, the participant can consent to either a distribution paid in the form of a lump-sum cash payment, a direct rollover into another qualified plan, a specified series of installments equal to the value of their vested account balance or postpone payment to a later date and remain in the Plan as described in the Plan documents.

Forfeitures

Forfeitures of non-vested employer's contributions are used to reduce future employer's contributions. During 2014, \$22,776 of forfeited participant accounts were used to reduce the employer contributions. At December 31, 2014, there was \$74,110 in forfeitures that have not yet been applied to reduce the employer's contributions.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting and in accordance with the provisions of ERISA.

MMC 401(K) SAVINGS AND RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

**DECEMBER 31, 2014 AND 2013 AND
FOR THE YEAR ENDED DECEMBER 31, 2014**

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Estimates

Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses. Actual results could differ from these estimates.

Investment Valuation and Income Recognition

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices 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 assets or liabilities in active markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- 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.

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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

MMC 401(K) SAVINGS AND RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

**DECEMBER 31, 2014 AND 2013 AND
FOR THE YEAR ENDED DECEMBER 31, 2014**

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Risks and Uncertainties

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

Payment of Benefits

Benefits are recorded when paid.

NOTE 3 - INVESTMENTS

The Plan's investments that represented five percent or more of the Plan's net assets available for benefits as of December 31 are as follows:

	<u>2014</u>	<u>2013</u>
PIMCO STABLE INCOME CLASS 1	\$ 5,963,854	\$ 6,137,279
MFS MASSACHUSETTS INVESTORS GR STK R5	4,029,718	4,250,200
VANGUARD TOTAL STK MKT IND ADM	3,860,946	^
VANGUARD TOTAL STK MKT IND SIGNAL	*	3,858,908
JPMORGAN SMARTRETIREMENT BLEND 2040 R6	2,847,430	2,716,253
JPMORGAN SMARTRETIREMENT BLEND 2030 R6	2,477,847	2,369,193
PIMCO TOTAL RETURN INSTL	<u>1,971,348</u>	<u>1,874,200</u>
	<u>\$ 21,151,143</u>	<u>\$ 21,206,033</u>

*This fund was under 5% in 2014.

^This fund was under 5% in 2013.

MMC 401(K) SAVINGS AND RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

**DECEMBER 31, 2014 AND 2013 AND
FOR THE YEAR ENDED DECEMBER 31, 2014**

NOTE 3 - INVESTMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014:

	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Registered Investment Companies	\$ 30,739,580	\$ -	\$ 30,739,580
Cash	102,422	-	102,422
Common/Collective Trusts	<u>-</u>	<u>5,963,854</u>	<u>5,963,854</u>
	<u>\$ 30,842,002</u>	<u>\$ 5,963,854</u>	<u>\$ 36,805,856</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013:

	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Mutual Funds	\$ 29,436,459	\$ -	\$ 29,436,459
Cash	173,652	-	173,652
Common/Collective Trusts	<u>-</u>	<u>6,137,279</u>	<u>6,137,279</u>
	<u>\$ 29,610,111</u>	<u>\$ 6,137,279</u>	<u>\$ 35,747,390</u>

NOTE 4 - INFORMATION CERTIFIED BY THE TRUSTEE AND THE CUSTODIAN
(UNAUDITED)

The following information is a summary of the unaudited information regarding the Plan's financial statements and supplemental information, which was prepared by Verisight Trust Company, the trustee of the Plan, and furnished to the Plan administrator. The Plan administrator has obtained a certification from the trustee 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 trustee is complete and accurate. The information certified by the trustee, in addition to all investment balances and investment information in Note 3 and supplemental information of assets held for investment purposes, is summarized as follows:

- a. Investments, as indicated on the Statements of Net Assets Available for Benefits;
- b. Net appreciation in fair value of investments, and interest and dividends from investments as indicated on the Statement of Changes in Net Assets Available for Benefits;

MMC 401(K) SAVINGS AND RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

**DECEMBER 31, 2014 AND 2013 AND
FOR THE YEAR ENDED DECEMBER 31, 2014**

**NOTE 4 - INFORMATION CERTIFIED BY THE TRUSTEE AND THE CUSTODIAN
(UNAUDITED) (Continued)**

- c. Supplemental information of Assets Held at Year-End; and
- d. All investment balances and investment information in Note 3.

NOTE 5 - PLAN TERMINATION

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

NOTE 6 - TAX STATUS

The Company has adopted a Benefit Planning, Inc. Volume Submitter Profit Sharing Plan. The Internal Revenue Service has informed Benefit Planning, Inc. by a letter dated March 11, 2009, that its volume submitter plan is designed in accordance with applicable sections of the IRC, and that any employer adopting this form of the volume submitter plan will be considered to have a plan qualified under applicable sections of the IRC.

Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and is tax-exempt.

Accounting principles generally accepted in the United States of America require the Plan's management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon an examination by the Internal Revenue Service. No uncertain positions have been identified that would require the recognition of a tax liability (or asset) or disclosure in the financial statements as of December 31, 2014 and 2013. The Plan is subject to routine audits by applicable taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

MMC 401(K) SAVINGS AND RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

**DECEMBER 31, 2014 AND 2013 AND
FOR THE YEAR ENDED DECEMBER 31, 2014**

NOTE 7 - RELATED PARTY TRANSACTIONS

Verisight is the trustee of the Plan and in their capacity as trustee, they hold the Plan's investment assets and executed investment transactions during the year ended December 31, 2014. These transactions are exempt party-in-interest transactions.

Certain administrative expenses paid directly by the Company are considered party-in-interest transactions.

Employer contributions and notes receivable from participants are also considered party-in-interest transactions.

The records of the Plan indicate no party-in-interest transactions, which are prohibited by ERISA and for which no statutory or administrative exemption exists.

NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Reconciliation of total addition per statement of changes in net assets available for benefits to total income per form 5500 for the year ended December 31, 2014:

Total addition per statement of net assets available for benefits	\$ 6,674,577
Exclude corrective distributions	<u>23,646</u>
Total income per Form 5500	<u><u>6,698,223</u></u>

Reconciliation of total deduction per statement of changes in net assets available for benefits to total expenses per form 5500 for the year ended December 31, 2014:

Total deduction per statement of net assets available for benefits	4,996,958
Include corrective distributions	<u>23,646</u>
	<u><u>\$ 5,020,604</u></u>

SUPPLEMENTAL INFORMATION

MMC 401(K) SAVINGS AND RETIREMENT PLAN

**EMPLOYER IDENTIFICATION NUMBER 95-3819274
PLAN NUMBER 001**

**FORM 5500, SCHEDULE H, PART IV, LINE IV
SCHEDULE OF ASSETS HELD AT END OF YEAR**

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
	AMERICAN FUNDS EUROPACIFIC GR R6	Registered Investment Company	^	\$ 1,133,826
	AMERICAN NEW PERSPECTIVE FUND CLASS R-6	Registered Investment Company	^	201,920
	BLACKROCK GLOBAL ALLOCATION INSTL	Registered Investment Company	^	534,142
	HARTFORD FLOATING RATE Y	Registered Investment Company		38,781
	JANUS TRITON FUND CLASS N	Registered Investment Company	^	30,194
	JPMORGAN SMARTRETIREMENT BLEND 2015 R6	Registered Investment Company	^	1,075,022
	JPMORGAN SMARTRETIREMENT BLEND 2020 R6	Registered Investment Company	^	1,659,790
	JPMORGAN SMARTRETIREMENT BLEND 2025 R6	Registered Investment Company	^	1,004,881
	JPMORGAN SMARTRETIREMENT BLEND 2030 R6	Registered Investment Company	^	2,477,847
	JPMORGAN SMARTRETIREMENT BLEND 2035 R6	Registered Investment Company	^	1,289,718
	JPMORGAN SMARTRETIREMENT BLEND 2040 R6	Registered Investment Company	^	2,847,430
	JPMORGAN SMARTRETIREMENT BLEND 2045 R6	Registered Investment Company	^	987,387
	JPMORGAN SMARTRETIREMENT BLEND 2050 R6	Registered Investment Company	^	1,318,237
	JPMORGAN SMARTRETIREMENT BLEND INCOME	Registered Investment Company	^	151,949
	JPMORGAN U.S. SMALL COMPANY CLASS R6	Registered Investment Company	^	171,407
	MFS MASSACHUSETTS INVESTORS GR STK R5	Registered Investment Company	^	4,029,718
	PIMCO ALL ASSET INSTL	Registered Investment Company		517
	PIMCO FOREIGN BOND (UNHEDGED) I	Registered Investment Company	^	148,950
	PIMCO REAL RETURN INSTL	Registered Investment Company	^	44,575
	PIMCO TOTAL RETURN INSTL	Registered Investment Company	^	1,971,348
	PRUDENTIAL HIGH-YIELD FUND CLASS Q	Registered Investment Company	^	84,019
	PRUDENTIAL JENNISON EQUITY OPP Z	Registered Investment Company	^	1,295
	PRUDENTIAL JENNISON MID CAP GROWTH Q	Registered Investment Company	^	660,762
	VANGUARD EMERGING MKTS STK IDX	Registered Investment Company	^	571,971
	VANGUARD GROWTH INDEX ADM	Registered Investment Company		1,001,854
	VANGUARD MID CAP INDEX ADM	Registered Investment Company		925,277
	VANGUARD REIT INDEX ADMIRAL SHARES	Registered Investment Company	^	439,608
	VANGUARD SMALL CAP VALUE INDEX ADMIRAL	Registered Investment Company		11,238
	VANGUARD SMALL CAP INDEX ADMIRAL	Registered Investment Company	^	66,066
	VANGUARD TOTAL STOCK MKT IDX ADM	Registered Investment Company	^	3,860,946
	VANGUARD WINDSOR II INVESTOR	Registered Investment Company	^	1,385,047
	VICTORY SYCAMORE ESTABLISHED VALUE CL I	Registered Investment Company	^	432,043
	VICTORY SYCAMORE SMALL CAP OPPORT CL I	Registered Investment Company	^	<u>181,815</u>
	REGISTERED INVESTMENT COMPANIES			30,739,580
	CASH	Cash		74,110
	PIMCO STABLE INCOME CLASS 1	Common Collective Trust		<u>5,963,854</u>
				36,777,544
*	Employer contributions receivable			901,326
*	Participants' contributions receivable			124,752
*	Notes receivable from participants	Interest rates ranging from fixed rate of 4.25% to variable rates at prime plus 1%		<u>673,928</u>
				<u>\$ 38,477,550</u>

* Party-in-interest

^ Cost information not provided as assets are part of a pooled account plan that participants and beneficiaries direct with respect to assets allocated to his or her account.

Multiple Employer Plan Participating Employer Information

For the plan year beginning 01/01/2014 and ending 12/31/2014

Name of plan MMC 401(k) Savings And Retirement Plan		PN: 333
Sponsor Name: Medical Management Consultants Inc d/b/a MMC		EIN: 95-3879274
Sponsor Name	EIN	Percent of Total Contributions
Spine Research Foundation	95-4815593	0.02 %
Frederick W. Dieterich, MD	95-3657433	0.01 %
Greg S. Khounganian, MD	37-0402885	0.01 %
Professional Partners, Inc. dba Westcliff Compounding Pharmacy	90-0599689	0.01 %
Clinica Santa Isabel	95-4216606	0.01 %
Rahil Kahn, MD, Inc.	20-0980641	0.00 %
M. Cuneyt Demirozu, MD, Inc.	95-4582941	0.00 %
Global Wellness Medical Corporation	20-1870814	0.00 %
SR/Leslie Kavanaugh	57-0543313	0.00 %
Soliman Care Family Practice	20-0444138	0.00 %
AJMAN Investments, Inc.	33-0939407	0.00 %
Alexandre Rasouli, MD, Inc.	80-0758643	0.00 %
Axis Spine, LLC	20-8670864	0.00 %
Baja Leisure & Travel, LLC	95-4589200	0.00 %
Barclay Square Media	46-2625334	0.00 %
Barton Billeci, MD	33-0821484	0.00 %
Bert J. Friedman Associates, Inc.	95-2238447	0.00 %
Brent R.W. Moelleken, MD Inc.	95-4745023	0.00 %
C.B./Steve Frankel	30-1443576	0.00 %
California Orthopedic Management	20-4635140	0.00 %
Charitable Ventures of Orange County	20-8756660	0.00 %
Coast Internal Medical Associates	33-0955280	0.00 %
Computer Graphics Master Academy	27-4239918	0.00 %
Cottage Development Inc.	26-1206360	0.00 %
Daniel S. Reich, MD, Inc.	95-3479032	0.00 %
David Scharf, MD	95-4730954	0.00 %
First Med Marin Medical Clinic	68-0044977	0.00 %
Gary Perrault MD, PC	95-4761155	0.00 %
George J. Rederich, MD, Inc., A Medical Corporation	33-0814073	0.00 %
Glenn E. Gibson, DDS	95-4252479	0.00 %
Grace Jeon, MD	65-1227325	0.00 %
Howard E. Pitchon, MD	22-2334070	0.00 %
Ian Armstrong, MD, Inc.	95-4555084	0.00 %
J. Stephen Wickle, MD	56-9803970	0.00 %
James J. Strebig, MD	57-1925528	0.00 %
Jenny Yu DPM, Inc. dba Bay Area Podiatry Group	43-5513140	0.00 %
John Smith Jr., MD	95-4242355	0.00 %
Joseph Ford, MD	33-0359108	0.00 %
Julia Sladek, MD	95-4735450	0.00 %
Keith A. Wagner	33-0550601	0.00 %

Multiple Employer Plan Participating Employer Information

For the plan year beginning 01/01/2014 and ending 12/31/2014

Name of plan MMC 401(k) Savings And Retirement Plan	PN: 333
Sponsor Name: Medical Management Consultants Inc d/b/a MMC	EIN: 95-3879274

[illegible]

Multiple Employer Plan Participating Employer Information

For the plan year beginning 01/01/2014 and ending 12/31/2014

Name of plan MMC 401(k) Savings And Retirement Plan		PN: 333
Sponsor Name: Medical Management Consultants Inc d/b/a MMC		EIN: 95-3879274
Sponsor Name	EIN	Percent of Total Contributions
J & D Laboratories	33-0392738	13.17 %
Luminit, LLC	20-3829605	8.44 %
Medical Management Consultants, Inc.	95-3879274	7.71 %
Antelope Valley Partners for Health	47-0957404	4.05 %
Associated Gastroenterology Medical Group	95-3376521	3.85 %
Hassan M. Alkhouli, MD	34-1995975	3.84 %
Emergency Medical Management Asso., Inc.	95-3249897	2.98 %
Century Wellness Center (Ali John Enavati MD)	20-3400777	2.65 %
Strategic Employment Inc.	20-8759627	2.40 %
Allergy & Asthma Assoc of Southern California	95-3621729	2.05 %
San Mateo Podiatry Group	94-2146640	1.99 %
Californians Allied for Patient Protection	68-0263041	1.84 %
Irvine Family Care, Inc.	20-5680479	1.80 %
Triton Pacific Capital, LLC	95-4568826	1.77 %
San Marino Psychiatric Associates	95-3998577	1.53 %
Lois Barnes, MD, Inc.	26-0311264	1.43 %
Bernard Ullman, MD	54-8827400	1.43 %
Truxtun Psychiatric Medical Group, LP	77-0344868	1.43 %
Dr. Riba's Health Club, Inc.	27-2916664	1.29 %
Gladstien & Koutures	33-0825208	1.27 %
CEA Technologies	33-0670883	1.23 %
Via Trading Corporation	42-1546941	1.22 %
David C. Stanford, MD, Inc.	73-1685740	1.19 %
West San Gabriel Valley Association of Realtors	95-1517892	1.12 %
Zion Partners	95-4764261	1.10 %
Lassen Group, Inc.	20-1324181	0.91 %
Hornig Medical Enterprises, Inc.	20-5019567	0.90 %
Southern California Sports Rehabilitation	33-0557168	0.90 %
Robert Rifkin, Inc.	96-4180767	0.87 %
Endoscopy Center of Santa Monica	11-3652210	0.86 %
The Surgery Center at North Bay Vacaville	20-3502901	0.81 %
Caleb W. Hirsch, MD, A Sole Proprietor	95-4870644	0.81 %
Centrelake Imaging and Oncology	65-1251372	0.80 %
Gifford, Dearing & Abernathy, LLP	95-1773711	0.79 %
Kendall Marr, MD	98-4870664	0.77 %
Diagnostic Radiology Services, LL	26-1881174	0.77 %
K and B Surgical Center	26-3166145	0.77 %
Strategic Employment SF, LLC	90-1004603	0.75 %
Schaack and Cole Medical Corp., Inc.	57-1199776	0.73 %
Image Aesthetic & Reconstructive Surgery	33-0862635	0.72 %

Multiple Employer Plan Participating Employer Information

For the plan year beginning 01/01/2014 and ending 12/31/2014

Name of plan MMC 401(k) Savings And Retirement Plan		PN: 333
Sponsor Name: Medical Management Consultants Inc d/b/a MMC		EIN: 95-3879274
Sponsor Name	EIN	Percent of Total Contributions
Kevin Hiler, MD	94-3016697	0.00 %
Khazra & Associates, Inc.	95-4294969	0.00 %
L. Olafson, MD & P. Luber, MD	20-2770000	0.00 %
Linda D. Lott, DDS	95-3878192	0.00 %
Living Oaks Middle School Academic Alliance	27-0232033	0.00 %
Maria J. Lozada, DMD Incorporated	91-2188746	0.00 %
Mellinger Chiropractic Office	95-3513137	0.00 %
Michael H. Lowenstein, MD, APMC	33-0988008	0.00 %
Michele Delvicario, MD, Inc.	95-3106456	0.00 %
Michele S. Colon, DPM	95-4827958	0.00 %
Molina Endodontics	95-4683518	0.00 %
Mona Tabib, MD, Inc.	95-4399888	0.00 %
Montebello District Board of Realtors Inc.	95-2744532	0.00 %
N.A. Zadeh, MD	22-3907201	0.00 %
National Association of Women Business Owners	93-0959834	0.00 %
Neo Surgery Center, Inc.	27-2132819	0.00 %
NMFN Josh Wakefield	10-1728815	0.00 %
Nobel's Neuro Diagnostic Medical	35-4508496	0.00 %
North Peninsula Podiatry Group	26-0515769	0.00 %
Palos Verdes Assoc. of Realtors	95-2078128	0.00 %
Parnassus Heights Podiatry Group	94-3279084	0.00 %
Pediatric Acute Care Medical Assoc.	20-0234255	0.00 %
Peter D. Vash, MD, MPH	95-4466862	0.00 %
Pinewood Studios Group	90-0618992	0.00 %
Plasticare	95-3435395	0.00 %
Professional Psych Seminar, Inc.	95-4639147	0.00 %
Pure Passion Anti Aging Institute	56-2534506	0.00 %
R. Farran, MD/L. Kneisley, MD	95-3074452	0.00 %
Richard L. Rupp, DPM	95-3320509	0.00 %
Ronald S. Kvtine MD	50-2665713	0.00 %
Saddleback Family Medicine	33-0803174	0.00 %
Sandro Tomita DDS, Inc.	27-4746536	0.00 %
Sayana Medical Spa and Wellness Center	45-3319641	0.00 %
Sharon Dollase, DC	85-4617990	0.00 %
Steven Adelman, Esq.	95-4021872	0.00 %
Steven I. Subotnick, DPM, MS	94-2306929	0.00 %
The Telemedicine Group	27-5290040	0.00 %
The Way of H, Inc.	26-2880482	0.00 %
Tower Podiatry	20-1871608	0.00 %
Unitas Trust	95-7087350	0.00 %

Multiple Employer Plan Participating Employer Information

For the plan year beginning 01/01/2014 and ending 12/31/2014

Name of plan MMC 401(k) Savings And Retirement Plan		PN: 333
Sponsor Name: Medical Management Consultants Inc d/b/a MMC		EIN: 95-3879274
Sponsor Name	EIN	Percent of Total Contributions
Rawson, Blum & Leon	94-3347763	0.68 %
Pasadena Medical Imaging	20-1253854	0.67 %
J. Volckmann & Associates	94-2426985	0.66 %
Aliza A. Lifshitz, MD	95-3941036	0.66 %
United States Adaptive Recreation	95-3872771	0.65 %
Eye Surgery Center of San Francisco	22-0822864	0.63 %
Primary Care Sports Medicine, AMC	14-1887822	0.56 %
Oak Tree Medical Corporation	20-1968078	0.54 %
Thomas E. Preston	95-6445538	0.53 %
Orrin M. Troum, MD	95-4541358	0.44 %
Precision Occupational Medical Gr	20-0535031	0.41 %
Game Desk	27-1230758	0.38 %
Hertz, Frankel, Katkov, Wishingrad	95-4473785	0.38 %
Lisa L. Thomsen, MD	95-4738144	0.38 %
Roland S. Beverly, MD	48-1254414	0.37 %
Alicia Surgery Center	26-2188548	0.35 %
California Health and Longevity	20-1640274	0.35 %
Reservoir Surgery Center, LLC	26-2858065	0.34 %
L.R. Rifkin Professional Corporation	96-4072425	0.33 %
Valley Physicians Surgery Center	80-0664336	0.30 %
Dennis L. Costello, MD	13-7302881	0.29 %
Ann L. Mai MD, A Professional Medical Corporation	04-3703896	0.28 %
Barranca Surgery Center, LLC	26-1192066	0.27 %
University Vascular Associates	48-0989140	0.25 %
C.B./Jody Fine	56-0645117	0.23 %
Washington Bryan II, MD, Inc.	20-0607039	0.23 %
Culture of Life Family Services	20-4776865	0.22 %
The Perfect Bite Co., Inc.	51-0600301	0.20 %
Scott Miller, MD	53-0643801	0.19 %
Scripps Plastic Surgery Center	46-0468862	0.19 %
Oak Tree Center	95-4757058	0.18 %
Diabetic Eye Medical Clinic	95-4469854	0.15 %
Oak View Renewal Partnership	61-1495237	0.14 %
Mission Podiatry Group	20-8144103	0.13 %
Beverly Hills Vascular Access Ctr	38-3829654	0.13 %
Oak Tree Healthcare, LLC	20-1488496	0.11 %
Richard A. Strick, MD	95-4487091	0.11 %
Dr. Shirish Patel	95-3172455	0.10 %
Kohut Psychiatric Medical Group	33-0831752	0.10 %
Soltero & Yasuda Associates	53-7460493	0.09 %

Multiple Employer Plan Participating Employer Information

For the plan year beginning 01/01/2014 and ending 12/31/2014

Name of plan MMC 401(k) Savings And Retirement Plan		PN: 333
Sponsor Name: Medical Management Consultants Inc d/b/a MMC		EIN: 95-3879274
Sponsor Name	EIN	Percent of Total Contributions
Center for Spinal Restoration	45-3321565	0.09 %
Carl Lauryssen, MD	16-1666551	0.08 %
Michele Marie PR	26-2298811	0.08 %
Kenneth C. Browning, DO	33-0440182	0.08 %
Alireza Jafari, MD	90-0020280	0.08 %
Patrick Yassini, MD, Inc.	33-0924677	0.08 %
The Healthcare Foundation for Orange County	33-0644620	0.07 %
Malvin D. Anders, MD	20-8882839	0.07 %
Terry M. Schaack, MD	95-4192478	0.07 %
Cuadra Associates, Inc.	95-3216783	0.06 %
Pablo M. Lawner, MD, AMC	95-3908251	0.06 %
Thomas Van Geem, MD	48-1075784	0.06 %
Podesta Orthopedic & Sports Medicine Institute	63-0481162	0.05 %
Louis M. Kwong, MD	95-4457812	0.05 %
Steven E. Kamara, MD	54-7635370	0.05 %
Lorenzo S. Brown, MD	95-3740078	0.04 %
Brentview Medical	95-4134193	0.04 %
Douglas R. Brooks DDS, inc.	33-0105889	0.04 %
Dr. Alexander P. Ford	95-4582400	0.04 %
Spine Specialty Institute	42-1539854	0.04 %
Joseph Lopez, MD, Inc.	95-4277837	0.04 %
Laguna Beach OBGYN, Inc.	20-5870626	0.04 %
James M. Heaps, MD	95-4821189	0.04 %
Azhar Muttalib, MD	95-4720289	0.04 %
Wood River Ventures, LLC	20-1511983	0.04 %
Hilda Maldonado, Medical Corporation	56-2534503	0.03 %
Michael E. Hoey, OD	95-4827783	0.03 %
Vascular Management Associates	20-5635543	0.03 %
Mitchel U. Silverman, MD, Inc.	95-4194626	0.03 %
Candace N. Howe, MD	45-4558157	0.03 %
Covina Cancer Medical Center, Inc.	95-3752103	0.03 %
Glendale Adventist Emergency Physicians, Inc.	46-2710304	0.03 %
Spach Financial & Insurance Services, Inc. dba 401(k) Advisors	95-4809642	0.03 %
Jason Blythe DDM, Inc.	46-5125143	0.02 %
Jamshid Maddahi, MD, Inc.	95-4171038	0.02 %
Flaxie Fletcher, MD	95-4288909	0.02 %
James S. Shafer, MD, Inc.	95-3298162	0.02 %
Pacific Coast Family Medical Group	33-0640296	0.02 %
Ahead to Wellness	33-0305475	0.02 %
Charles M. Maples, DO	56-2477885	0.02 %

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 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 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 MMC 401(k) Savings And Retirement Plan	<table style="width:100%;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">333</td> </tr> <tr> <td colspan="2">1c Effective date of plan 04/01/1994</td> </tr> </table>	1b Three-digit plan number (PN) ▶	333	1c Effective date of plan 04/01/1994	
1b Three-digit plan number (PN) ▶	333				
1c Effective date of plan 04/01/1994					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Medical Management Consultants Inc d/b/a MMC 8150 Beverly Blvd. US Los Angeles CA 90048	<table style="width:100%;"> <tr> <td>2b Employer Identification Number (EIN) 95-3879274</td> </tr> <tr> <td>2c Plan Sponsor's telephone number (818) 878-0400</td> </tr> <tr> <td>2d Business code (see instructions) 561300</td> </tr> </table>	2b Employer Identification Number (EIN) 95-3879274	2c Plan Sponsor's telephone number (818) 878-0400	2d Business code (see instructions) 561300	
2b Employer Identification Number (EIN) 95-3879274					
2c Plan Sponsor's telephone number (818) 878-0400					
2d Business code (see instructions) 561300					

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		10/16/15	MASHI RAHMANI
	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)

Form 5500 annual return/Report of Employee Benefit Plan
Schedule H Line 4i – Schedule of Assets (Held at End of Year)

See Supplemental Schedule attached with IQPA Opinion and Financial Statements.