

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 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 2017 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</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.)
B This return/report is:	☐ a single-employer plan ☐ the first return/report ☐ an amended return/report ☐ the final 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 ☐ special extension (enter description) ☒ the DFVC program

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>MMC 401(K) SAVINGS AND RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶	333	
	1c Effective date of plan <u>04/01/1994</u>		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MEDICAL MANAGEMENT CONSULTANTS INC D/B/A MMC</u> <u>8150 BEVERLY BLVD.</u> <u>LOS ANGELES, CA 90048</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	Filed with authorized/valid electronic signature.	03/18/2019	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2017)
v. 170203

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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2442
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 2162 6a(2) 1939 6b 0 6c 293 6d 2232 6e 0 6f 2232 6g 961 6h 6
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)** ☒ 1 **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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 2017 This Form is Open to Public Inspection
---	---	---

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
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	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.
---------------	---

1 Coverage Information:

(a) Name of insurance carrier TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6071399	70688	932469	961	12/26/2017	12/31/2017

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	118016
5 Current value of plan's interest under this contract in separate accounts at year end	5	39897590

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 ▶ STABLE VALUE OPTION

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	118014
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	264
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	118278
d Total of balance and additions (add lines 7b and 7c(6))	7d	118278
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	262
▶ FORFEITURE AND ADVANCED EMPLOYER ACTIVITY		
(5) Total deductions	7e(5)	262
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	118016

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
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	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
TRANSAMERICA LIFE INSURANCE COMPANY
39-0989781

(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

(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	0	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

NEWPORTGROUP, 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	RECORDKEEPER	522381	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 2017 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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: <u>PIMCO COLLECTIVE INVESTMENT TRUST</u>				
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>				
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>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TA VANGUARD REIT INDEX RET ACCT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS. CO.</u>				
c EIN-PN <u>13-6071399-130</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>380802</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS NEW PERSPECTIVE RET</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS. CO.</u>				
c EIN-PN <u>13-6071399-255</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>303002</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLUMBIA CONTRARIAN CORE RET ACCT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS. CO.</u>				
c EIN-PN <u>13-6071399-631</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>32105</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JANUS HENDERSON TRITON RET ACCT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS. CO.</u>				
c EIN-PN <u>13-6071399-578</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>801547</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JPMORGAN U.S. SM COMP RET ACCT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS. CO.</u>				
c EIN-PN <u>13-6071399-771</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>199606</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PIMCO REAL RETRN RET ACCT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS. CO.</u>				
c EIN-PN <u>13-6071399-473</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>62747</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: PIONEER FDMNTL GR RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-595	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1823027
a Name of MTIA, CCT, PSA, or 103-12 IE: VICTORY SYCAMORE ESTBLSHD VAL RET A		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-608	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 526495
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPACIFIC GR RET A		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-076	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 653831
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EAFE EQUITY INDEX RET ACT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-910	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 286863
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EQUITY INDEX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-909	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4752355
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK US DEBT INDEX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-911	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28798
a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX AGG 2055 RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-869	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11688
a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX AGG 2025 RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-866	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100708
a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX AGG 2035 RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-867	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 78763
a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX AGG 2045 RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-868	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 56610

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX AGG RETIREMENT RET A		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-865	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1236
a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX CONS 2025 RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-871	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 553949
a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX CONS 2035 RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-872	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3850
a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX CONS 2045 RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-873	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13313
a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX CONSERV RET RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-870	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 373
a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX MOD 2025 RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-876	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3756799
a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX MOD 2035 RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-877	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5406506
a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX MOD 2045 RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-878	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3861776
a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX MOD 2055 RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-879	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2181293
a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX MODERATE RET RETACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-875	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3001453

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO STABLE INCOME RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 36-6071399-898	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4314745

a Name of MTIA, CCT, PSA, or 103-12 IE: AMER FUNDS CAPITAL WORLD BOND RET A			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 36-6071399-863	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	135745

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK GLOBAL ALLOC RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 36-6071399-864	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	232792

a Name of MTIA, CCT, PSA, or 103-12 IE: HARTFORD BALANCED INCOME RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 36-6071399-880	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	39188

a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON ENTERPRISE RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 36-6071399-881	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	285141

a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL HIGH YIELD RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 36-6071399-900	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	159738

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD EMERGING MKT STK INDEX RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 36-6071399-901	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	736219

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD GROWTH INDEX RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 36-6071399-902	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1378400

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID CAP INDEX RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 36-6071399-903	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1055605

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP INDEX RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.			
c EIN-PN 36-6071399-904	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	279892

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP VALUE INDEX RET**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN 36-6071399-905	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 110884
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD WINDSOR II RET ACCT**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN 36-6071399-906	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1203377
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: VICTORY SYCAMORE SM CO OPP RET ACCT**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN 36-6071399-907	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60009
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO CORE BOND RET ACCT**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN 36-6071399-908	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1026361
--------------------------------	------------------------	---

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 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</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		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	818629	834807
	(2) Participant contributions	1b(2)	227488	216567
	(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)	618407	282042
	(9) Value of interest in common/collective trusts.....	1c(9)	4539705	0
	(10) Value of interest in pooled separate accounts.....	1c(10)	0	39897590
	(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)	30166202	0
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		118016
	(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(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	36370431 41349022
Liabilities			
g	Benefit claims payable	1g	58252 112567
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	58252 112567
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	36312179 41236455

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1542182
	(B) Participants	2a(1)(B)	4286722
	(C) Others (including rollovers)	2a(1)(C)	481340
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	6310244
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)	47522
	(F) Other	2b(1)(F)	1483
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	49005
(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)	456919
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	456919
(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)		79785
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		5323478
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		12219431

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	9737141	
(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)		9737141
f Corrective distributions (see instructions)	2f		112567
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	522643	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		522643
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		10372351

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1847080
l Transfers of assets:			
(1) To this plan.....	2l(1)		3077196
(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: 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.)	4c		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.).....	4d		X	
e Was this plan covered by a fidelity bond?	4e	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?	4f		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?	4g		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?.....	4h		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.).....	4i	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.).....	4j		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?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	4m	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.	4n	X		

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

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
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

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 sections 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 2017 This Form is Open to Public Inspection.
---	---	--

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>27-3169253</u> <u>13-3689044</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
-----------------	-------------------

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, see the Instructions for Form 5500.

Schedule R (Form 5500) 2017
v. 170203

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 Supplementary Information

December 31, 2017 and 2016
and For the Year Ended December 31, 2017

TABLE OF CONTENTS

	<u>Page No.</u>
Independent Auditor's Report	1 - 2
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 - 12
Supplementary Information	
Schedule H, Part IV, Item 4(i) - Schedule of Assets (Held at End of Year)	14

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
MMC 401(k) Savings and Retirement Plan
Los Angeles, California

We were engaged to audit the accompanying 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, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 5, which was certified by Transamerica Financial Life Insurance Company ("Transamerica") and Newport Trust Company ("Newport"), the custodian and the trustee of the Plan, respectively, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that Transamerica held the Plan's investment and notes receivable from participants assets and executed investment and notes receivable from participants transactions from December 27, 2017 through December 31, 2017 and that Newport held the Plan's investment and notes receivable from participants assets and executed investment and notes receivable from participants transactions from December 31, 2016 through December 26, 2017. The Plan administrator has obtained certifications from Transamerica and Newport as of and for the periods indicated above, that the information provided to the Plan administrator by the custodian and 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.

Other Matter

The supplemental schedule of Schedule H, Part IV, Item 4(i) - Schedule of Assets (Held at End of Year) as of or for the year ended December 31, 2017, 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 are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental 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 and the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Armanino^{LLP}
Los Angeles, California

January 31, 2019

MMC 401(k) Savings and Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
ASSETS		
Investments		
Mutual funds, at fair value	\$ -	\$ 30,166,202
Pooled separate accounts, at fair value	39,897,590	-
Common collective trusts, at fair value	-	4,539,705
Investment contracts with a life insurance company, at contract value	<u>118,016</u>	<u>-</u>
Total investments	<u>40,015,606</u>	<u>34,705,907</u>
Receivables		
Employer contributions	834,807	818,629
Participant contributions	216,567	227,488
Notes receivable from participants	<u>282,042</u>	<u>618,407</u>
Total receivables	<u>1,333,416</u>	<u>1,664,524</u>
 Total assets	 41,349,022	 36,370,431
LIABILITIES		
Excess contribution payable	<u>112,567</u>	<u>58,252</u>
 Net assets available for benefits	 <u><u>\$ 41,236,455</u></u>	 <u><u>\$ 36,312,179</u></u>

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

MMC 401(k) Savings and Retirement Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2017

Additions to net assets	
Contributions	
Employer	\$ 1,542,182
Participants	4,286,722
Rollovers	481,340
Excess contributions	<u>(112,567)</u>
Total contributions	<u>6,197,677</u>
Investment income	
Net appreciation in fair value of investments	5,403,263
Dividend and interest income	<u>458,402</u>
Total investment income	<u>5,861,665</u>
Interest income from notes receivable from participants	<u>47,523</u>
Total additions to net assets	<u>12,106,865</u>
Deductions from net assets	
Benefits paid to participants	9,737,142
Administrative expenses	<u>522,643</u>
Total deductions from net assets	<u>10,259,785</u>
Net increase in net assets available for benefits before transfers	1,847,080
Transfers of assets to the Plan	<u>3,077,196</u>
Net increase in net assets available for benefits	4,924,276
Net assets available for benefits, beginning of year	<u>36,312,179</u>
Net assets available for benefits, end of year	<u><u>\$ 41,236,455</u></u>

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

MMC 401(k) Savings and Retirement Plan
Notes to Financial Statements
December 31, 2017 and 2016

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 administrator

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 Transamerica Financial Life Insurance Company ("Transamerica"), the Plan custodian from December 27, 2017 to December 31, 2017 and Newport Trust Company ("Newport"), the Plan trustee from December 31, 2016 to December 26, 2017. Certain administrative expenses of the Plan were paid directly by the Plan for the year ended December 31, 2017. 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 accounts. 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, 2017 and 2016

1. DESCRIPTION OF THE PLAN (continued)

Participant contributions

Participants may elect to contribute through payroll deductions a portion 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 \$18,000 for 2017. Participants over the age of 50 may also contribute additional \$6,000 of catch up contributions to the Plan for 2017. 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 2017, employer discretionary contributions amounted to \$1,542,182.

Participant accounts

Each participant's account is credited with the participant's contribution and allocation 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.

Notes receivable from participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$10,000 or 50 percent of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear variable rates of interest 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.

MMC 401(k) Savings and Retirement Plan
Notes to Financial Statements
December 31, 2017 and 2016

1. DESCRIPTION OF THE PLAN (continued)

Notes receivable from participants (continued)

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 nonvested employer's contributions are used to reduce future employer's contributions. During 2017, \$0 of forfeited participant accounts was used to pay for administrative services. At December 31, 2017, there was \$30,613 in forfeitures that have not yet been applied to reduce the employer's contributions or pay administrative expenses.

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.

Payment of benefits

Benefits are recorded when paid.

Investment valuation and income recognition

The investments in all of the funds, except the Transamerica Stable Value Option, are presented at fair value, based on the quoted market prices of the underlying securities within each fund at December 31, 2017 and 2016. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Transamerica Stable Value Option is fully benefit-responsive and is reported at contract value. Contract value represents the accumulated contributions plus accrued net earnings, less distributions. Fair value of the investments in the Transamerica Stable Value Option is estimated using discounted cash flows.

MMC 401(k) Savings and Retirement Plan
Notes to Financial Statements
December 31, 2017 and 2016

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment valuation and income recognition (continued)

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; and
 - Inputs other than quoted prices that are observable for the asset or liability.

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.

Investments in pooled separate accounts and common/collective trusts were transferred out of investments in fair value hierarchy in compliance with ASU No. 2015-07, Fair Value Measurement (Topic 820): Disclosures for Investments in certain entities that Calculate Net Asset Value per Share (or Equivalent). The Update removed the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the NAV per share practical expedient.

Estimates

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

MMC 401(k) Savings and Retirement Plan
Notes to Financial Statements
December 31, 2017 and 2016

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.

Subsequent events

The Plan has evaluated events subsequent to December 31, 2017, to assess the need for potential recognition or disclosure in the financial statements. Such events were evaluated through January 31, 2019, the date the financial statements were available to be issued. Based upon this evaluation, it was determined no subsequent events occurred that require recognition or additional disclosure in the financial statements.

3. INVESTMENTS

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ <u> -</u>	\$ <u> -</u>	\$ <u> -</u>	\$ <u> -</u>
Investments measured at net asset value				
Pooled separate accounts				<u>39,897,590</u>
				<u>\$ 39,897,590</u>

MMC 401(k) Savings and Retirement Plan
Notes to Financial Statements
December 31, 2017 and 2016

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, 2016:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds				
Blend funds	\$ 6,522,798	\$ -	\$ -	\$ 6,522,798
Bond funds	1,338,900	-	-	1,338,900
Growth funds	4,180,164	-	-	4,180,164
Target date funds	17,025,359	-	-	17,025,359
Value funds	<u>1,098,981</u>	<u>-</u>	<u>-</u>	<u>1,098,981</u>
	<u>\$ 30,166,202</u>	<u>\$ -</u>	<u>\$ -</u>	30,166,202

Investments measured at net
asset value

4,539,705

\$ 34,705,907

The following tables summarize investments measured at net asset value (NAV) per share as of December 31, 2017 and 2016. There are no participant redemption restrictions for these investments; the redemption notice period is only applicable to the Plan:

2017				
<u>Investments</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Pooled separate accounts	\$ 39,897,590		Daily	N/A
2016				
<u>Investments</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Common/collective trusts	\$ 4,539,705		Daily	N/A

4. INVESTMENT CONTRACT WITH AN INSURANCE COMPANY

Only the Plan's unallocated assets (e.g., forfeiture account and/or advanced deposit account) are invested in the Stable Fund, a fully benefit-responsive investment contract.

The Stable Fund in which the Plan is invested is provided under a group annuity contract issued by Transamerica Financial Life Insurance Company ("Transamerica"). Such contract is a traditional investment contract (guaranteed investment contract), and it does not have a termination date. Transamerica Retirement Solutions, LLC ("TRS"), formerly Diversified Retirement Corporation, is the service agent for such contract.

MMC 401(k) Savings and Retirement Plan
Notes to Financial Statements
December 31, 2017 and 2016

4. INVESTMENT CONTRACT WITH AN INSURANCE COMPANY (continued)

This fund is part of the general assets of Transamerica (its general account), The Plan does not own any underlying securities of Transamerica's general account. The Plan has guaranteed benefits under the terms of the contract. The contract value of the Plan assets invested in the Stable Fund is reflected on the employer level fund statement. The contract value equals deposits made to the Stable Fund, plus interest credited under the terms of the contract, less any withdrawals.

Upon suspension of the contract, Transamerica will withdraw the suspense account (unallocated assets, e.g., forfeiture account or advanced deposit account), if any, and pay such balance (contract value) as directed by the contract holder. There is no market value adjustment or other termination charges applied to such balance as a result of contract suspension.

Transamerica (the issuer) is not permitted to terminate the contract and settle at an amount different from contract value. The average annual yield for 2017 was .224%.

5. INFORMATION CERTIFIED BY THE CUSTODIAN AND TRUSTEE

In accordance with Section 29 CFR 2520.1038 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, Transamerica and Newport Trust Company ("Newport") have certified information regarding the cost and fair value of all investments and notes receivable from participant assets held at December 31, 2017 and 2016, and investments and notes receivable from participants' transactions entered into during 2017. This information was used in the preparation of the accompanying financial statements and supplementary information.

6. 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.

7. 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.

MMC 401(k) Savings and Retirement Plan
Notes to Financial Statements
December 31, 2017 and 2016

7. TAX STATUS (continued)

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, 2017 and 2016. The Plan is subject to routine audits by applicable taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan's informational returns remain subject to examination by IRS for a period of three years from the due date of filing.

8. RELATED PARTY TRANSACTIONS

All Plan investments are managed and recordkeeping services provided by Transamerica, the custodian of the Plan, and Newport, the trustee of the Plan, or its affiliates. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

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.

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Reconciliation of total additions per the statement of changes in net assets available for benefits to total income per form 5500 for the year ended December 31, 2017:

Per financial statements	\$ 12,106,865
Add back corrective distributions	<u>112,567</u>
Per the Form 5500	<u><u>\$ 12,219,432</u></u>

Reconciliation of total deductions per statement of changes in net assets available for benefits to total expenses per form 5500 for the year ended December 31, 2017:

Per financial statements	\$ 10,259,785
Add back corrective distributions	<u>112,567</u>
Per the Form 5500	<u><u>\$ 10,372,352</u></u>

SUPPLEMENTARY INFORMATION

MMC 401(k) Savings and Retirement Plan
 EIN: 12-3456789; Plan: 001
 Schedule H, Part IV, Item 4(i) - Schedule of Assets (Held at End of Year)
 December 31, 2017

(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
POOLED SEPARATE ACCOUNTS				
*	Transamerica Financial Life Insurance Company	American Funds Capital World Bd Ret Acct	^	\$ 135,745
*	Transamerica Financial Life Insurance Company	American Funds EuroPacific Gr Ret Acct	^	653,831
*	Transamerica Financial Life Insurance Company	American Funds New Perspective Ret Acct	^	303,002
*	Transamerica Financial Life Insurance Company	BlackRock EAFE Equity Indx Ret Acct	^	286,863
*	Transamerica Financial Life Insurance Company	BlackRock Equity Index Ret Acct	^	4,752,355
*	Transamerica Financial Life Insurance Company	BlackRock Global Alloc Ret Acct	^	232,792
*	Transamerica Financial Life Insurance Company	BlackRock U.S. Debt Index Ret Acct	^	28,798
*	Transamerica Financial Life Insurance Company	Columbia Contrarian Core Ret Acct	^	32,105
*	Transamerica Financial Life Insurance Company	flexPATH Index+ Aggressive 2025 Ret Acct	^	100,708
*	Transamerica Financial Life Insurance Company	flexPATH Index+ Aggressive 2035 Ret Acct	^	78,763
*	Transamerica Financial Life Insurance Company	flexPATH Index+ Aggressive 2035 Ret Acct	^	56,610
*	Transamerica Financial Life Insurance Company	flexPATH Index+ Aggressive 2045 Ret Acct	^	11,688
*	Transamerica Financial Life Insurance Company	flexPATH Index+ Aggressive 2055 Ret Acct	^	1,236
*	Transamerica Financial Life Insurance Company	flexPATH Index+ Conserv	^	3,850
*	Transamerica Financial Life Insurance Company	flexPATH Index+ Conserv 2025 Ret Acct	^	553,949
*	Transamerica Financial Life Insurance Company	flexPATH Index+ Conserv 2045 Ret Acct	^	13,313
*	Transamerica Financial Life Insurance Company	flexPATH Index+ Conserv Retir Ret Acct	^	373
*	Transamerica Financial Life Insurance Company	flexPATH Index+ Mod Retirement Ret Acct	^	3,001,453
*	Transamerica Financial Life Insurance Company	flexPATH Index+ Moderate 2025 Ret Acct	^	3,756,799
*	Transamerica Financial Life Insurance Company	flexPATH Index+ Moderate 2035 Ret Acct	^	5,406,506
*	Transamerica Financial Life Insurance Company	flexPATH Index+ Moderate 2045 Ret Acct	^	3,861,776
*	Transamerica Financial Life Insurance Company	flexPATH Index+ Moderate 2055 Ret Acct	^	2,181,293
*	Transamerica Financial Life Insurance Company	Hartford Balanced Income Ret Acct	^	39,188
*	Transamerica Financial Life Insurance Company	Janus Henderson Enterprise Ret Acct	^	285,141
*	Transamerica Financial Life Insurance Company	Janus HendersonTriton Ret Acct	^	801,547
*	Transamerica Financial Life Insurance Company	JPMorgan U.S. Sm Comp Ret Acct	^	199,606
*	Transamerica Financial Life Insurance Company	PIMCO Real eturn Ret Acct	^	62,747
*	Transamerica Financial Life Insurance Company	PIMCO Stable Income Ret Acct	^	4,314,745
*	Transamerica Financial Life Insurance Company	Pioneer Fdmntl Gr Ret Acct	^	1,823,027
*	Transamerica Financial Life Insurance Company	Prudential High-Yield Ret Acct	^	159,738
*	Transamerica Financial Life Insurance Company	TA Vanguard REIT Index Ret Acct	^	380,802
*	Transamerica Financial Life Insurance Company	Vanguard Emerging Mkts Stck Indx Ret Acct	^	736,219
*	Transamerica Financial Life Insurance Company	Vanguard Growth Index Ret Acct	^	1,378,400
*	Transamerica Financial Life Insurance Company	Vanguard Mid Cap Index Ret Acct	^	1,055,605
*	Transamerica Financial Life Insurance Company	Vanguard Small Cap Index Ret Acct	^	279,892
*	Transamerica Financial Life Insurance Company	Vanguard Small Cap Value Index Ret Acct	^	110,884
*	Transamerica Financial Life Insurance Company	Vanguard Windsor II Ret Acct	^	1,203,377
*	Transamerica Financial Life Insurance Company	Victory Sycamore Estblshd Val Ret Acct	^	526,495
*	Transamerica Financial Life Insurance Company	Victory Sycamore Small Co Opport Ret Acct	^	60,009
*	Transamerica Financial Life Insurance Company	Wells Fargo Core Bond Ret Acct	^	1,026,360
		Subtotal		39,897,590
INVESTMENT CONTRACTS WITH AN INSURANCE COMPANY				
	Transamerica Financial Life Insurance Company	Insurance company/general account		118,016
RECEIVABLES				
*	Receivables-employer contributions			834,807
*	Receivables-participants' contributions			216,567
*	Notes receivable from participants	Interest rates at prime plus 1%		282,042
		Subtotal		1,333,416
				<u>\$ 41,349,022</u>
*	Party-in-interest	Cost information not provided as assets are part of a pooled account plan that participants and beneficiaries directed with respect ot assets allocated to his or her account.		

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

Medical Management Consultants Inc. (d/b/a MMC)

EIN No.: 95-3879274, Plan No. 333

Plan Year Ending: 12/31/2017

(a) Name of Participating Employer	(b) EIN	(c) Percent of Total Contributions
Medical Management Consultants, Inc. (d/b/a MMC)	95-3879275	7.77%
Brentview Medical	95-4134193	0.08%
Robert Rifkin, Inc.	95-4160767	0.00%
Louis M. Kwong M.D.	95-4457812	0.05%
Terry M. Schaack, M. D.	95-4192478	0.00%
Vandana Madkan, M.D.	47-5504311	0.03%
Flaxie Fletcher, M. D.	95-4288909	0.00%
N. A. Zadeh, M. D.	22-3907201	0.00%
Lorenzo S. Brown, M. D.	95-3749078	0.00%
Ahead to Wellness	33-0305475	0.04%
Welman Lim D.P.M.	95-3978355	0.00%
Douglas R. Brooks D.D.S., Inc.	33-0105889	0.01%
Cuadra Associates, Inc.	95-3216783	0.06%
Aliza A. Lifshitz, M.D.	95-3941036	0.74%
Vincent L. Gumbs, M. D.	95-3985641	0.00%
Allergy & Asthma Assoc of Southern California	95-3621729	1.90%
Diabetic Eye Medical Clinic	95-4469854	0.00%
Roland S. Beverly, M.D.	48-1254414	0.12%
United States Adaptive Recreation	95-3872771	0.00%
Southern California Sports Rehabilitation	33-0557168	0.00%
Jamshid Maddahi, M. D., Inc.	95-4171038	0.00%
Triton Pacific Capital, Inc.	95-4568828	0.00%
Dennis L. Costello, M. D.	13-7302861	0.00%
Glenn E. Gibson, D. D. S.	95-4252479	0.00%
Clinica Santa Isabel	95-4216606	0.00%
Molina Endodontics	95-4683518	0.00%
The Healthcare Foundation For Orange County	33-0644620	0.00%
Hassan M. Alkhoul, M.D.	33-0466997	3.07%
Professional Psych Seminar, Inc.	95-4639147	0.00%
James J. Strebig, M. D.	57-1925528	0.00%
Californians Allied for Patient Protection	68-0263041	1.77%
M. Cuneyt Demirozu, M.D., Inc.	95-4582941	0.01%
First Med Marin Medical Clinic	68-0044977	0.00%
Soltero & Yasuda Associates	53-7460493	0.27%
C.B./Jody Fine	56-0645117	0.10%
S.R./Leslie Kavanaugh - Rodeo Realty	57-0543313	0.00%

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

Medical Management Consultants Inc. (d/b/a MMC)

EIN No.: 95-3879274, Plan No. 333

Plan Year Ending: 12/31/2017

(a) Name of Participating Employer	(b) EIN	(c) Percent of Total Contributions
Lisa L. Thomsen, M.D.	95-4738144	0.42%
Peter D. Vash, M. D., M. P. H.	95-4486882	0.00%
Image Aesthetic and Reconstructive Surgery	33-0862635	1.45%
Mitchel U. Silverman, M.D., Inc.	95-4194626	0.05%
Michele Del Vicario, M.D., Inc.	95-3196456	0.00%
San Marino Psychiatric Associates	95-3998577	1.84%
Kenneth C. Browning, D.O	33-0440182	0.00%
Alireza Jafari, M.D.	33-0866798	0.08%
Michael E. Hoey, O.D.	95-4827783	0.03%
Parnassus Heights Podiatry Group	94-3279084	0.00%
Dr. Alexander P. Ford	95-4582400	0.01%
Rawson, Blum & Leon	94-3347763	0.67%
Rawson, Blum & Leon	94-3347764	0.00%
AJMAN Investments, Inc.	45-5253741	0.00%
Associated Gastroenterology Medical Group	95-3376521	3.47%
Caleb W. Hirsch, M.D. & K. Marr, M.D.	95-4870644	2.19%
West San Gabriel Valley Association of Realtors	96-1617892	1.27%
Thomas Van Geem, M.D.	48-1075784	0.07%
Scott Miller, M.D.	53-0643801	0.29%
Gifford, Dearing & Abernathy, LLP	95-1773711	0.98%
Oak Tree Center	95-4757058	0.14%
K Hannani, M.D., Inc.	52-1539854	0.08%
Emergency Medical Management Association	95-3249897	0.00%
Culture of Life Family Services	20-4778865	0.00%
Ann L. Mai, M. D., A Professional Medical Corporation	04-3703896	0.00%
J. Stephen Wikle, M. D.	56-9803970	0.00%
L.R. Rifkin Professional Corporation	95-4072425	0.00%
Steven E. Kamara, M.D.	54-7635370	0.27%
Covina Cancer Medical Center, Inc.	95-3752103	0.02%
Charles M. Maples, D.O.	56-2477885	0.05%
Pasadena Medical Imaging	20-1253854	1.04%
James S. Shafer M.D., Inc.	95-3298162	0.04%
Azhar Muttalib, M.D.	95-4720289	0.04%
Soliman Care Family Practice	20-0444138	0.05%
Ian Armstrong, M. D., Inc.	95-4555084	0.00%
Sandro T. Tomita DDS, Inc.	27-4746536	0.60%

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

Medical Management Consultants Inc. (d/b/a MMC)

EIN No.: 95-3879274, Plan No. 333

Plan Year Ending: 12/31/2017

(a) Name of Participating Employer	(b) EIN	(c) Percent of Total Contributions
Global Wellness Medical Corporation	20-1870814	0.00%
Centrelake Imaging & Oncology	65-1251372	0.43%
Irvine Family Care, Inc.	20-5680479	1.70%
The Perfect Bite Co., Inc.	51-0600301	1.22%
Laguna Beach OBGYN, Inc.	20-5870626	0.14%
Luminit LLC	20-3829605	10.73%
Grace Jeon, M.D.	65-1227325	0.07%
L. Olafson, M.D. & P. Lubner, M.D.	20-2770000	0.00%
Primary Sports Medicine, AMC	95-3879274	0.48%
Oak Tree Healthcare, LLC	20-1488496	0.11%
Malvin D. Anders, M.D.	20-8882839	0.07%
Antelope Valley Partners for Health	47-0957404	2.00%
Saddleback Family Medicine	33-0803174	0.00%
Dr. Shirish Patel	95-3172455	0.10%
Reservoir Surgery Center, LLC	26-2858065	0.36%
Resman, LP	26-4370112	0.02%
Oak View Renewal Partnership	61-1495237	0.14%
Alicia Surgery Center	26-2186548	0.77%
Precision Occupational Medical GR	20-0535031	0.56%
Wood River Ventures LLC	20-1511983	0.07%
Dr. Riba's Health Club, Inc.	27-2916664	1.21%
Strategic Employment, Inc.	20-8759627	4.14%
George J. Rederich, M.D. Inc.	33-0814073	2.71%
The Way of H, Inc.	26-2880482	0.00%
Scripps Plastic Surgery Center	46-0468862	0.19%
Truxtun Psychiatric Medical Group LP	77-0344868	1.37%
Center for Spinal Restoration	45-3321565	0.04%
Century Wellness Center	20-3400777	1.66%
Michele Marie PR	26-2298811	1.51%
HM Medical, LLC	45-4558157	0.14%
Cottage Development, Inc.	26-1209360	0.00%
Valley Physicians Surgery Center	80-0864336	0.19%
Brent R.W. Moelleken, M.D., Inc.	95-4745023	0.06%
Neo Surgery Center, Inc.	27-2132819	0.00%
Computer Graphics Master Academy	27-4239918	0.00%
Bert J. Friedman Associates, Inc.	95-2238447	0.00%

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

Medical Management Consultants Inc. (d/b/a MMC)

EIN No.: 95-3879274, Plan No. 333

Plan Year Ending: 12/31/2017

(a) Name of Participating Employer	(b) EIN	(c) Percent of Total Contributions
California Health and Longevity	20-1640274	0.28%
Schaack & Cole Medical Corp, Inc.	57-1199776	0.00%
Superior Family Medical Group, Inc.	33-0330156	0.08%
Glendale Adventist Emergency Physicians, Inc.	46-2710304	2.32%
Palos Verdes Assoc. of Realtors	95-2078128	0.00%
Physicians Surgery Center at Glendale Adventist LLC	46-4085815	0.90%
Evolution Physical Therapy, Inc.	56-2616663	1.22%
eSecurity Solutions LLC	02-0698541	0.00%
Santa Monica GI Medical Group	47-2943242	0.42%
Sedway Financial	45-7217800	0.00%
Siyan Clinical Corporation	27-0445909	2.58%
Schaack & Cole Medical Corp, Inc.	57-1199777	0.56%
Saint John's Multispecialty Medical Group dba The Doctors of Saint John's	45-1658340	9.07%
Saint John's Multispecialty Medical Group dba The Doctors of Saint John's	45-1658341	0.00%
Huntington Ambulatory Surgery Center	27-3922007	5.19%
PFI Advisors LLC	47-4529436	0.11%
California Rehabilitation Institute Medical Group (CRIMG)	47-5443514	2.80%
Robbin Cromer-Tyler, Inc.	90-0447145	6.45%
Anaheim Urgent Care	26-1238040	1.01%
Advanced Urgent Care of Beverly Hills	30-0687474	0.12%
Santa Monica Urgent Care	80-0801820	0.00%
Rodney Raanan, DDS	46-4877143	0.47%
J & D Laboratories, Inc.	33-0392738	0.00%
George Delgado, M. D. Inc.	20-4778866	0.18%
Cedar-Sinai Valley Oncology Medical Group	81-5305019	2.30%
Oak Tree Medical Corporation	20-1968078	0.56%

**ATTACHMENT TO THE 2017 SCHEDULE H OF FORM 5500
LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

Plan Sponsor: Medical Management Consultants Inc. DBA MMC

Plan Name: MMC 401(k) Savings and Retirement Plan

Plan Year: January 1, 2017 to December 31, 2017

EIN: 95-3879274

Plan No.: 333

Item 4i- Schedule of Assets Held at End of Year

Page 14 of the attached auditor's report of the Plan for the plan year ending December 31, 2017 provides the schedule of assets information.