

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . .

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>MMC 401(K) SAVINGS AND RETIREMENT PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>333</u></p>
<p><b>2a</b> 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</u> <u>MMC</u>  <u>8150 BEVERLY BOULEVARD</u> <u>LOS ANGELES, CA 90048</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/1997</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>95-3879274</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>818-878-0400</u></p> <p><b>2d</b> Business code (see instructions) <u>561300</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/15/2025	FIDUCIARY SERVICES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<p><b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>NATIONAL BENEFIT SERVICES, LLC</p> <p>PO BOX 219612 KANSAS CITY, MO 64121</p>	<p><b>3b</b> Administrator's EIN 20-3886993</p> <p><b>3c</b> Administrator's telephone number 801-532-4000</p>
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<p><b>4</b> 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:</p> <p><b>a</b> Sponsor's name</p> <p><b>c</b> Plan Name</p>	<p><b>4b</b> EIN</p> <p><b>4d</b> PN</p>
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1981
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<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	1409
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	1291
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	123
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	415
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	1829
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b>	0
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	1829
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	1184
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	1146
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	6

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	
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**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2E 2F 2G 2J 2K 2S 2T 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:

<p><b>9a</b> Plan funding arrangement (check all that apply)</p> <p>(1) <input checked="" type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p><b>9b</b> Plan benefit arrangement (check all that apply)</p> <p>(1) <input checked="" type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<p><b>a Pension Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)</p>	<p><b>b General Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)</p> <p>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)</p> <p>(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>  1  </u></p> <p>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)</p>
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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.

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**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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 \_\_\_\_\_

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

**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  
**NATIONWIDE 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
31-4156830	66869	87251		01/01/2024	12/31/2024

**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.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	4037752
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

**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 ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	5844098
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<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	217977
	<b>7c(2)</b>	18
	<b>7c(3)</b>	82483
	<b>7c(4)</b>	9901020
	<b>7c(5)</b>	6668
▶ NEW LOANS; ADJUSTMENTS; TRANSFERS		

(6) Total additions .....	<b>7c(6)</b>	10208166
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<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	16052264
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<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account .....	<b>7e(1)</b>	909660
	<b>7e(2)</b>	20699
	<b>7e(3)</b>	10828259
	<b>7e(4)</b>	255894
▶ LOAN REPAYMENTS; FEES; TRANSFERS; ADJUSTMENTS		

(5) Total deductions .....	<b>7e(5)</b>	12014512
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<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	4037752
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**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>
<b>b</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. ....	<b>10b</b>

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. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

**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

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

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

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

NATIONAL BENEFIT SERVICES, LLC

20-3886993

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16	TPA	281906	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NFP RETIREMENT INC

33-0905143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISORY - PLA	254206	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NATIONWIDE

31-4156830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 99 49	TRUST CUSTODIAN	60553	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMFDS CAP WLD BD R6</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NATIONWIDE LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>31-4156830-000</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>290559</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMFDS EUROPACFC GR R6</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NATIONWIDE LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>31-4156830-000</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMFDS NEW PRSPCT R6</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NATIONWIDE LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>31-4156830-000</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1462233</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK EAFE EQUITY INDEX FUND CL</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NATIONWIDE LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>31-4156830-000</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>942670</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK EQUITY INDEX FUND CL 1</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NATIONWIDE LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>31-4156830-000</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9105175</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK U.S. DEBT INDEX FUND CL 1</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NATIONWIDE LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>31-4156830-000</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>376715</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CORE BOND FUND CLASS I1</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NATIONWIDE LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>31-4156830-000</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>979176</u>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FED HRMS GOV OBLGTNS PRMR</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>NATIONWIDE LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>31-4156830-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>195197</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FLEX FOCUS MODERATE 2055 FUND CLASS</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>NATIONWIDE LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>31-4156830-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>6503598</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FLEX FOCUS MODERATE 2065 CLASS R1</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>NATIONWIDE LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>31-4156830-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>5666</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FLXFOCS AGGR 2025 R1</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>NATIONWIDE LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>31-4156830-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FLXFOCS AGGR 2035 R1</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>NATIONWIDE LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>31-4156830-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1129247</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FLXFOCS AGGR 2045 R1</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>NATIONWIDE LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>31-4156830-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>515306</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FLXFOCS AGGR 2055 R1</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>NATIONWIDE LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>31-4156830-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>342666</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FLXFOCS AGGR RTRMT R1</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>NATIONWIDE LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>31-4156830-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>115411</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FLXFOCS CNSRV 2025 R1</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>NATIONWIDE LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>31-4156830-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FLXFOCS CNSRV 2035 R1</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>NATIONWIDE LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>31-4156830-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>31169</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FLXFOCS CNSRV 2045 R1</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>NATIONWIDE LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>31-4156830-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>78920</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FLXFOCS CNSRV 2055 R1</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>NATIONWIDE LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>31-4156830-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>8640</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FLXFOCS CNSRV RTRMT R1</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>NATIONWIDE LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>31-4156830-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>61910</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FLXFOCS MOD 2025 R1</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>NATIONWIDE LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>31-4156830-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FLXFOCS MOD 2035 R1</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>NATIONWIDE LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>31-4156830-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>10900840</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FLXFOCS MOD 2045 R1</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>NATIONWIDE LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>31-4156830-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>11528552</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FLXFOCS MOD 2055 R1</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>NATIONWIDE LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>31-4156830-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FLXFOCS MOD RTRMT R1</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>NATIONWIDE LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>31-4156830-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>8367092</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VNGRD SMCAP VAL INDX ADML</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>NATIONWIDE LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>31-4156830-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>439528</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>INTERNATIONAL EQUITY FUND FEE CLASS</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>NATIONWIDE LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>31-4156830-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>812567</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JPM LGCAP GR R6		
<b>b</b> Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 31-4156830-000	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 168
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JPM MDCAP GR R6		
<b>b</b> Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 31-4156830-000	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 855339
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JPM US SM CO R6		
<b>b</b> Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 31-4156830-000	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 347921
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN US EQUITY FUND - CLASS R		
<b>b</b> Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 31-4156830-000	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 700447
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP GROWTH FUND II FEE CLASS		
<b>b</b> Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 31-4156830-000	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3963341
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MFS MDCAP VAL R6		
<b>b</b> Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 31-4156830-000	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1216501
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP GROWTH FUND FEE CLASS 11		
<b>b</b> Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 31-4156830-000	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD WNDSR II ADML		
<b>b</b> Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 31-4156830-000	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3036902
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PGIM HI YLD R6		
<b>b</b> Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 31-4156830-000	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 465288
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REAL RTN INST		
<b>b</b> Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 31-4156830-000	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 251577

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SMALL CAP GROWTH FUND FEE CLASS II</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>NATIONWIDE LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>31-4156830-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>433695</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>TROWEPR BAL</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>NATIONWIDE LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>31-4156830-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>211453</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VICTORY SYCAMORE SMALL COMPANY OPPO</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>NATIONWIDE LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>31-4156830-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>224835</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VNGRD EMRG MKT STKINDXADML</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>NATIONWIDE LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>31-4156830-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1315346</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VNGRD GR INDX ADML</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>NATIONWIDE LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>31-4156830-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>8686551</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VNGRD MID-CAP IDX FD AS</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>NATIONWIDE LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>31-4156830-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1923806</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VNGRD REALEST INDX ADML</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>NATIONWIDE LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>31-4156830-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>559482</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VNGRD SM CAP INDX FD AS</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>NATIONWIDE LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>31-4156830-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1163920</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>MMC 401(K) SAVINGS AND RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>333</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MEDICAL MANAGEMENT CONSULTANTS, INC</b>	<b>D</b> Employer Identification Number (EIN) <b>95-3879274</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	2513549	2707140
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	211062	218725
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	549066	505712
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	68614155	79549451
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	5844098	4037752
<b>(15)</b> Other.....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	77731930	87018780
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	167504	56158
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	167504	56158
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	77564426	86962622

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	3490918	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	5152499	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	1466632	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		10110049
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	40291	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		40291
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	963	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		963
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		10929373
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		132116
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		21212792

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	9460154	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		9460154
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		111844
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	418269	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		418269
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		9990267

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		11222525
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		1553230
(2) From this plan .....	<b>2l(2)</b>		3377559

**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)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **DNJ & ASSOCIATES**

(2) EIN: **45-5277119**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

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.)

	Yes	No	Amount
<b>4a</b>	X		265745

**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.)

<b>4b</b>		X	
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**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.)

<b>4c</b>		X	
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**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.)

<b>4d</b>		X	
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**e** Was this plan covered by a fidelity bond?

<b>4e</b>	X		500000
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**f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?

<b>4f</b>		X	
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**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?

<b>4g</b>		X	
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**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?

<b>4h</b>		X	
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**i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)

<b>4i</b>	X		
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**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.)

<b>4j</b>		X	
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**k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

<b>4k</b>		X	
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**l** Has the plan failed to provide any benefit when due under the plan?

<b>4l</b>		X	
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**m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

<b>4m</b>		X	
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**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.

<b>4n</b>			
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**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
CALIFORNIA RENT-A-CAR RETIREMENT PLAN	32-0074913	002
TRINET 401(K) PLAN	48-1304650	334
PFI ADVISORS LLC 401(K) PLAN	47-4529436	001
SCOTT R MILLER MD 401K PLAN	54-2089344	002

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan 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)
SKARIN LAW GROUP 401(K) PLAN	87-1836347	001

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 

1	
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**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): 31-4156830

**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	
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<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
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**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....  Increase  Decrease  Both  No

<b>Part IV</b>	<b>ESOPs</b> (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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero?  Yes  No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702809A.

<b>SCHEDULE MEP (Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</small>	<b>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</b>  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)  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>MMC 401(K) SAVINGS AND RETIREMENT PLAN</b>	<b>B</b> Three-digit Plan number (PN)..... ▶	<b>333</b>
<b>C</b> Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF <b>NATIONAL BENEFIT SERVICES, LLC</b>	<b>D</b> Administrator's EIN <b>20-3886993</b>	

**Part I Type of Multiple-Employer Pension Plan.** All multiple-employer pension plans must complete.

**1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).**

- a**  association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b**  professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c**  pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d**  other multiple-employer pension plan (Describe) \_\_\_\_\_ (Complete Part II)

**Part II Participating Employer Information.**

**2** All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
<b>A. EBBIE SOROUDI MD,MS,A PROF MED CORP401(K) SAVINGS AND RET</b>	<b>20-3296228</b>	<b>0.70</b>	<b>168052</b>
<b>ADVANCED URGENT CARE OF BEVERLY HILLS MANAGEMENT, LLC401(K)</b>	<b>30-0687474</b>	<b>0.00</b>	<b>29065</b>

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

<b>2e</b> Does the plan include any individuals not participating through an employer or who are individual working owners?	<b>2e</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>2f</b> If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	<b>2f</b>	
<b>2g</b> If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	<b>2g</b>	

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

**Schedule MEP (2024)  
v. 240311**

**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AEGIS MANAGEMENT GROUP, INC.401(K) SAVINGS AND RET PLAN	26-1117464	0.63	527055
AHEAD TO WELLNESS 401(K) SAVINGS AND RETIREMENT PLAN	33-0305475	0.00	31281
ALI JOHN ENAYANI, M.D., M.P.H. PRO MEDICAL CORP 401(K) PLAN	51-0460700	1.69	3289556
ALIREZA JAFARI, M.D. 401(K) SAVINGS AND RETIREMENT PLAN	33-0866798	0.04	69756
ALLERGY & ASTHMA ASSOC. OF SOUTHERN CALIFONRIA401(K) PLAN	95-3621729	1.44	1749836
ANAHEIM URGENT CARE, INC. 401(K) SAVINGS AND RETIREMENT PLAN	26-1238040	0.03	489871
ANN L. MAI M.D. A PROFESSIONAL MEDICAL CORP 401(K) PLAN	04-3703896	0.00	0
ASSOCIATED GASTROENTEROLOGY MEDICAL GROUP401(K) SAVINGS PLAN	95-3376521	1.37	3559347
AXON NEUROLOGY 401(K) SAVINGS AND RETIREMENT PLAN	95-4534308	0.03	5766

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**Part II Participating Employer Information (Continued).**

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AZHAR MUTTALIB, M.D. 401(K) SAVINGS AND RETIREMENT PLAN	95-4720289	0.00	82857
BERT J. FRIEDMAN ASSOCIATES, INC. 401(K) SAVINGS PLAN	95-2238447	0.00	0
BEVERLY HILLS REPRODUCTIVE CENTER 401(K)SAVINGSANDRETIREMENT	99-1197703	0.01	712
BOLD COMMUNICATION AND MARKETING, LLC 401(K) PLAN	46-3184724	0.38	55515
BRENTVIEW MEDICAL401(K) SAVINGS AND RETIREMENT PLAN	95-4134193	0.45	94750
BRIAN EPHRAIM DBA GUIDED PATH WEALTH MANAGEMENT401(K) PLAN	95-4776115	0.59	260696
CADILLAC OF CALABASAS, INC. 401(K) SAVINGS AND RETIREMENT PLAN	87-2737818	1.55	207557
CALIFORNIA HEALTH & LONGEVITY401(K) SAVINGS & RETIRE PLAN	20-1640274	0.00	150303
CALIFORNIA REHABILITATION INSTITUTE MEDICAL GROUP401(K) PLAN	47-5443514	3.75	2174690

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CALIFORNIA RENT A CAR 401(K) SAVINGS AND RETIREMENT PLAN	32-0074913	0.20	0
CALIFORNIANS ALLIED FOR PATIENT PROTECTION 401(K) PLAN	68-0263041	0.97	1903541
CEDAR-SINAI VALLEY ONCOLOGY MEDICAL GROUP 401(K) PLAN	81-5305019	2.17	1369527
CENTER FOR SPINAL RESTORATION 401(K) SAVINGS PLAN	45-3321565	0.00	873
CENTRELAKE IMAGING AND ONCOLOGY 401(K) SAVINGS PLAN	65-1251372	0.00	303831
CHRISTINE CHAI, MD 401(K) SAVINGS AND RETIREMENT PLAN	33-0858302	0.34	618227
COMPUTER GRAPHICS MASTER ACADEMY 401(K) SAVINGS PLAN	27-4239918	0.24	118529
CONCORD CP, LLC 401(K) SAVINGS AND RETIREMENT PLAN	45-2224779	0.02	43752
CONCORD REAL ESTATE SERVICES 401(K) SAVINGS PLAN	46-2359226	1.30	742659

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COTTAGE DEVELOPMENT, INC401(K) SAVINGS AND RETIREMENT PLAN	26-1209360	0.12	61574
COVINA CANCER MEDICAL CENTER, INC 401(K) SAVINGS PLAN	95-3752103	0.00	27795
CUADRA ASSOCIATES, INC 401(K) SAVINGS AND RETIREMENT PLAN	95-3216783	0.10	295712
DIABETIC EYE MEDICAL CLINIC 401(K) SAVINGS PLAN	95-4469854	0.01	26622
DOUGLAS MILLER 401(K) SAVINGS AND RETIREMENT PLAN	61-3220303	0.19	18906
DR. PETER D. VASH, M.D., M.P.H.401(K) SAVINGS AND RETIREMENT	95-4486862	0.00	0
DR. RIBA'S HEALTH CLUB, INC401(K) SAVINGS AND RETIREMENT PLA	27-2916664	0.55	826599
DR. SHIRISH PATEL401(K) SAVINGS AND RETIREMENT PLAN	95-3172455	0.00	123487
EMERGENCY MEDICAL MANAGEMENT ASSOCIATES, INC401(K) SAVINGS	05-0525387	1.12	2422539

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FIRST MED MARIN MEDICAL CLINIC 401(K) SAVINGS PLAN	68-0044977	0.04	11171
FIVE BY FIVE DIGITAL LLC 401(K) SAVINGS AND RETIREMENT PLAN	90-0603971	0.47	544846
GEORGE J. REDERICH, M.D. INC., A MEDICAL CORP 401(K) PLAN	33-0814073	0.00	28810
GIFFORD, DEARING, & ABERNATHY, LLP 401(K) SAVINGS AND RETIREM	95-1773711	0.77	687581
GLADSTIEN & KOUTURES 401(K) SAVINGS AND RETIREMENT PLAN	33-0825206	0.62	140176
GLENDALE ADVENTIST EMERGENCY PHYSICIANS, INC. 401(K) SAVINGS	46-2710304	0.00	829289
GLENN E. GIBSON, DDS 401(K) SAVINGS AND RETIREMENT PLAN	95-4252479	0.00	637
HM MEDICAL, INC 401(K) SAVINGS AND RETIREMENT PLAN	45-4558157	0.04	20674
HUNTINGTON AMBULATORY SURGERY CENTER, LLC 401(K) SAVINGS PLAN	27-3922007	0.00	248932

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HUNTINGTON MULTI-SPECIALTY MED GRP 401(K) SAVINGS AND RET.	47-4456599	3.22	637188
IMAGE AESTHETIC RECONSTRUCTIVE SURGERY401(K) SAVINGS AND RET	33-0862635	0.40	1005330
J. STEPHEN WIKLE, M.D.401(K) SAVINGS PLAN	56-9803970	0.00	0
JENNY YU DPM INC 401(K) SAVINGS AND RETIREMENT PLAN	46-5513140	0.38	242047
K. HANNANI, M.D. INC 401(K) SAVINGS AND RETIREMENT PLAN	42-1539854	0.59	447214
KENDALL MARR, MD 401(K) SAVINGS AND RETIREMENT PLAN	95-4870644	0.00	783867
L. OLAFSON, M.D. & P. LUBER, M.D. 401(K) SAVINGS AND RETIREM	20-2770000	0.03	6184
L.R. RIFKIN PROFESSIONAL CORP 401(K) PLAN	95-4072425	0.00	54876
LBLA BEAUTY, LLC	82-2595326	1.06	390517

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LISA L. THOMSEN, MD 401(K) SAVINGS AND RETIREMENT PLAN	95-4738144	0.00	210063
LORENZO S BROWN, M.D. 401(K) SAVINGS AND RETIREMENT PLAN	95-3749078	0.00	0
LUMINIT, LLC401(K) SAVINGS AND RETIREMENT PLAN	20-3829605	2.78	0
M. CUNEYT DEMIROZU, M.D., INC 401(K) SAVINGS AND RET. PLAN	95-4582941	0.00	0
MARATHON HVAC SERVICE, LLC. 401(K) SAVINGS AND RETIREMENT	95-4407682	1.92	1704481
MICHAEL E. HOEY, O.D.401(K) SAVINGS AND RETIREMENT PLAN	95-4827783	0.00	59489
MITCHEL U. SILVERMAN M.D., INC 401(K) PLAN	95-4194626	0.00	76318
MMC 401(K) SAVINGS AND RETIREMENT PLAN	95-3879274	2.95	5903925
OAK TREE HEALTHCARE LLC 401(K) SAVINGS AND RETIREMENT PLAN	20-1488496	0.00	20015

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PALOS VERDES ASSOC OF REALTORS 401(K) SAVINGS & RET. PLAN	95-2078128	0.01	16923
PATHWAY MEDICAL GROUP, INC.401(K) SAVINGS AND RETIREMENT PLA	33-0466997	2.52	5230682
PFI ADVISORS, LLC401(K) SAVINGS AND RETIREMENT PLAN	47-4529436	0.00	1226
PHYSICIAN SURGERY CENTER AT GLENDALE ADVENTIST 401(K) PLAN	46-4085815	0.46	320598
PROFESSIONAL PSYCH SEMINAR, INC401(K) SAVINGS AND RETIREMENT	95-4639147	0.00	0
RAWSON, BLUM & LEON 401(K) SAVINGS AND RETIREMENT PLAN	94-3347763	0.00	71236
RESMAN, L.P. 401(K) SAVINGS AND RETIREMENT PLAN	26-4370112	0.00	34385
ROBBIN CROMER-TYLER, MD, INC.401(K) SAVINGS AND RETIREMENT P	90-0447145	5.23	3843014
ROGERS STRINGER & MCCLELLAND, INC. 401(K) SAVINGS & RET PLAN	87-2568755	0.22	132045

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SAINT JOHN'S MULTISPECIALTY MEDICAL GROUP DBA THE DOCTORS OF	45-1658340	34.14	21246903
SAN DIEGO CRITICAL CARE MED GRP, INC 401(K) SAVINGS AND RET	33-0830630	0.01	1218
SAN MARINO PSYCHIATRIC ASSOCIATES 401(K) SAVINGS AND RETIREM	95-3998577	1.24	2230304
SANDRO T. TOMITA, DDS, INC401(K) SAVINGS AND RETIREMENT PLAN	27-4746536	0.39	348008
SANTA MONICA GI MEDICAL GROUP 401(K) SAVINGS AND RETIREMENT	47-2943242	0.84	482273
SANTA MONICA URGENT CARE MANAGEMENT, LLC 401(K) PLAN	80-0801820	0.00	0
SCHAACK AND COLE MEDICAL CORP, INC.401(K) SAVINGS AND RETIRE	57-1199776	0.23	21056
SCOTT MILLER, M.D.401(K) SAVINGS AND RETIREMENT PLAN	53-0643801	0.11	0
SCRIPPS PLASTIC SURGERY CENTER401(K) SAVINGS AND RET. PLAN	46-0468862	0.50	202419

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SEDWAY FINANCIAL401(K) SAVINGS AND RETIREMENT PLAN	45-7217800	0.00	0
SIYAN CLINICAL CORPORATION 401(K) SAVINGS AND RETIREMENT PLA	27-0445909	5.49	2270101
SKARIN LAW GROUP401(K) SAVINGS AND RETIREMENT PLAN	84-1836347	0.00	0
SOLIMAN CARE FAMILY PRACTICE 401(K) SAVINGS AND RETIREMENT P	20-0444138	0.08	71686
SOLTERO & YASUDA ASSOCIATES 401(K) SAVINGS AND RETIREMENT PL	53-7460493	0.38	1974223
SOUTHERN CALIFORNIA SPORTS REHABILITATION 401(K) SAVINGS AND	33-0557168	1.85	1733339
STEVEN E. KAMARA, M.D.401(K) SAVINGS AND RETIREMENT PLAN	54-7635370	0.01	9527
STRATEGIC EMPLOYMENT PARTNERS401(K) SAVINGS AND RETIREMENT P	20-8759627	5.84	7327281
SUPERIOR FAMILY MEDICAL CENTER, INC.401(K) SAVINGS AND RETIR	33-0330156	0.01	8852

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

**Part II Participating Employer Information (Continued).**

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**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TELINK MICRO LLC 401(K) SAVINGS AND RETIREMENT PLAN	27-3188611	4.13	2097623
THOMAS VAN GEEM, M.D. 401(K) SAVINGS PLAN	48-1075784	0.00	6674
TRUXTUN PSYCHIATRIC MED GROUP	46-0896867	0.00	28857
UNITED STATES ADAPTIVE RECREATION 401(K) SAVINGS AND RETIREME	95-3872771	0.21	360132
VINCENT L. GUMBS, M.D. 401(K) SAVINGS AND RETIREMENT PLAN	95-3985641	0.00	0
VIVE RX INC. 401(K) SAVINGS AND RETIREMENT PLAN	85-0545441	0.29	186144
WEST SAN GABRIEL VALLEY REALTORS 401(K) SAVINGS AND RETIR	96-1617892	0.57	857581
WOOD RIVER VENTURES, LLC 401(K) SAVINGS PLAN	20-1511983	0.00	0

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

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<b>Part III</b>	<b>Pooled Employer Plan Information</b>
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**Line 3.** All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

**3a** Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44).....  Yes  No

**3b** If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID \_\_\_\_\_

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# **MMC 401(k) Savings and Retirement Plan**

Financial Statements  
And Supplemental  
Schedules

December 31, 2024 and 2023  
and For the Year Ended December 31, 2024

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310-989-8507

## **Independent Auditor's Report**

To the Plan Administrator of  
MMC 401(k) Savings and Retirement Plan

### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audit**

We have performed audits of the accompanying financial statements of the MMC 401(k) Savings and Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certification from qualified institutions as of and for the year ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

### **Opinion**

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements referred to above related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Responsibilities of Management 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, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the Plan; and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

## **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audits.

### **Supplemental Schedules Required by ERISA**

The supplemental of schedules - Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions and Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, have been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

*DNJ & ASSOCIATES*

Arcadia, California  
October 13, 2025

MMC 401(K) Savings and Retirement Plan  
 Statements of Net Assets Available for Benefits  
 December 31, 2024 And 2023

	<u>2024</u>	<u>2023</u>
<b>Assets</b>		
Investments:		
Common Collective Trusts, at NAV	\$ 79,549,451	\$ 68,614,155
Investment contracts with a life insurance company, at contract value	<u>4,037,752</u>	<u>5,844,098</u>
Total investments	<u>83,587,203</u>	<u>74,458,253</u>
Receivables:		
Employer contributions	2,707,140	2,513,549
Participant contributions	218,725	211,062
Participant notes receivable	<u>505,712</u>	<u>549,066</u>
Total receivables	<u>3,431,577</u>	<u>3,273,677</u>
 Total assets	 <u>87,018,780</u>	 <u>77,731,930</u>
<b>Liabilities and Net Assets</b>		
Excess contributions payable	<u>(56,158)</u>	<u>(167,504)</u>
 Net Assets Available For Benefits	 <u>\$ 86,962,622</u>	 <u>\$ 77,564,426</u>

MMC 401(K) Savings and Retirement Plan  
Statement of Changes in Net Assets Available for Benefits  
For The Year Ended December 31, 2024

Additions to net assets:	
Contributions	
Employer	\$ 3,490,918
Participants	5,152,499
Rollovers	1,466,632
Less corrective distributions	<u>(56,158)</u>
Total contributions	<u>10,053,891</u>
Investment income	
Net appreciation in fair value of investments	11,061,487
Dividend and interest income	<u>965</u>
Total investment income	<u>11,062,452</u>
Interest income from notes receivable from participants	<u>40,291</u>
Total additions to net assets	<u>21,156,634</u>
Deduction from net assets:	
Net depreciation in fair market value of investments	
Benefits paid to participants	9,515,840
Administrative expenses	418,269
Total deductions	<u>9,934,109</u>
Net (decrease) increase in net assets available for benefits before transfers	<u>11,222,525</u>
Transfers:	
Transfers to this Plan	1,553,230
Transfers from this Plan	<u>(3,377,559)</u>
Total transfers	<u>(1,824,329)</u>
Net (decrease) increase in net assets available for benefits	9,398,196
Net assets available for benefits, beginning of year	<u>77,564,426</u>
Net assets available for benefits, end of year	<u><u>\$ 86,962,622</u></u>

## MMC 401(k) Savings and Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

### 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 document 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 January 1, 1997. 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 the Employee Retirement Income Security Act of 1974 (“ERISA”) and subsequent amendments.

#### *Plan Administration*

The Company is the administrator of the Plan and, as such, 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 Nationwide Trust Company, FSB (“Nationwide”) the Plan custodian. Certain administrative expenses of the Plan were paid directly by the Plan for the year ended December 31, 2024. 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*

To be eligible for elective deferrals, corporate employees of the Company must be at least 21 years of age and must complete one month of service, as defined by the Plan document. Additionally, to be eligible to participate in matching contributions and discretionary profit-sharing contributions, employees must complete one year of service, as defined in the Plan document.

To be eligible for elective deferrals, employer matching contributions and discretionary profit-sharing contributions, employees of each of the adopting subscribers or participating employers are subject to their individual Multiple Employer Participant Agreements (“MEPA”) which allows each adopting subscriber or participating employer to custom-tailor their plan to have a different age requirement and a different length of service requirement.

Excluded employees are employees covered by a collective bargaining agreement for which retirement benefits have been negotiated, certain nonresident aliens who have earned no income from sources within the United States and highly compensated employees.

## MMC 401(k) Savings and Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

### 1. DESCRIPTION OF THE PLAN (CONTINUED)

#### *Participant Contributions*

Participants may elect to contribute pre-tax/or Roth contributions 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 \$23,000 for 2024. Participants over the age of 50 may also contribute additional \$7,500 of catch-up contributions to the Plan for 2024. 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 pooled separate accounts as investment options for participants.

#### *Employer Contributions*

The Company will determine in its sole discretion how much, if any, it will make as matching contributions, profit-sharing contributions, qualified matching contributions (“QMAC”) and qualified nonelective contribution (“QNEC”).

#### *Participant Accounts*

Each participant's individual account is credited with participant’s contributions (including rollovers), allocations of employer contributions, if any, Plan earnings, allocations of administrative expenses and Plan losses. Allocations of investment earnings are based strictly on the participant’s selection of investments and time of purchase. Other allocations are based on participant earnings or account balances, as defined in the Plan document. 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 and 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 profit-sharing contributions is based on years of continuous service and a participant is 100% vested after six years of credited service. Employees of adopting subscribers or participating employers, under their MEPAs can elect different vesting options from immediate to after six years of credited service. In the event of death, disability, or attaining normal retirement age while an active participant in the Plan, participants are immediately vested in all Company contributions.

#### *Participant Notes Receivable*

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their account balance, whichever is less. The loans are collateralized by the balance in the participant’s account and accrue interest at variable rates computed at the prime rate plus 1% per annum, which is commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest are paid ratably through payroll deductions over 1 to 15 years. Plan management anticipates it will collect all of its notes receivable from participants’ balances; thus, no allowance for doubtful accounts has been established. As of December 31, 2024 and 2023, notes receivable from participants amounted to \$505,712 and \$361,994, respectively, with annual interest rates ranging from 4.33% to 9.5% as of December 31, 2024.

## MMC 401(k) Savings and Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

### 1. DESCRIPTION OF THE PLAN (CONTINUED)

#### *Payments of Benefits*

Distributions and withdrawals are payable upon retirement, termination, financial hardship, disability or death. If a participant's account balance is less than \$1,000 upon termination, the balance may be distributed immediately in a lump sum cash payment, unless a direct rollover into another qualified benefit plan is requested by the participant. Balances greater than \$1,000 and less than or equal to \$5,000 may be distributed in a lump sum cash payment or a direct rollover into an individual retirement account designated by the Plan administrator 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.

Participants with an immediate and heavy need may be eligible for a hardship withdrawal, subject to certain restrictions as described in the plan document.

#### *Forfeitures*

Forfeitures of non-vested account balances of terminated employees are used to reduce future employer contributions or pay administrative expenses. During 2024, \$217,673 of forfeitures was used to reduce employer contributions and no forfeiture was used to pay for administrative expenses. Forfeited non-vested account balances totaled \$195,197 and \$165,588 at December 31, 2024 and 2023, respectively.

### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### *Basis of Accounting*

The financial statements of the Plan are prepared using the accrual basis of accounting accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

#### *Use of Estimates*

The preparation of financial statements in conformity with U.S GAAP requires the Plan Administrator to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. The Plan Sponsor believes that the estimates utilized in preparing its financial statements are reasonable and prudent. Actual results could differ from these estimates.

## MMC 401(k) Savings and Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

### 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 and changes therein (Note 1).

#### *Investment Valuation and Income Recognition*

The Plan's investments are reported at fair value. The Plan's investment in Common/Collective Investment Trusts (CITs) are recorded at net asset value (NAV) (see Note 3). The net investment income of CITs represents the change in NAV per unit of the individual CITs times the number of units held by the Plan in each individual CIT.

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

#### *Contributions and contributions receivable*

Contributions from participants and related receivables, are recorded based on the date the contributions are separated from the participants' pay (pay date). The Plan records receivables for participants' contributions based upon the contribution recognized, less amounts received by the Plan as of the last day of the Plan year. Contributions from the Company are recorded in the year earned to coincide with the year in which the Company records the contributions to its general ledger.

#### *Participant Notes Receivable*

Participant notes receivable are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on participant notes receivable is recorded when it is earned. No allowance for credit losses has been recorded as of December 31, 2024 and 2023.

#### *Payments of Benefits*

Benefit payments are recorded when paid.

#### *Transfers to and from the Plan*

As a multi-employer plan, the Plan allows the following transfers:

- Transfers in – Qualified plans from other employers may join the Plan by executing the AAA required by the Plan. Subsequently, investments and other assets are rolled over to the Plan.
- Transfers out – the Plan also allows existing plan members to rollover to other plans.

## MMC 401(k) Savings and Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

#### *Administrative Expenses*

Plan administrative expenses are paid by either the Plan Sponsor or the Plan, as provided in the Plan agreement. Amounts paid by the Plan for certain administrative fees were \$418,269 for the year ended December 31, 2024.

#### *Subsequent Events*

The Plan evaluated the impact of subsequent events through October 13, 2025 the date these financial statements were issued. Based upon this evaluation, it was determined that except for the event in NOTE 10, no other subsequent events occurred that require recognition or additional disclosure in the financial statements.

### 3. FAIR VALUE MEASUREMENTS

The fair value measurements standard establishes a framework for measuring fair value. That framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The fair value hierarchy consists of three levels of inputs that may be used to measure fair value as follow:

- Level 1: Quoted prices in active markets for identical assets or liabilities;
- Level 2: Observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities, quoted prices in market that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3: Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

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.

As a practical expedient, units in Common/Collective Investment Trusts ("CIT") are valued at NAV as determined by the custodian of those CITs, based upon the fair market value of the underlying funds less fund expenses. Investments valued at NAV are not disclosed within the fair value hierarchy.

As of December 31, 2024 and 2023, there were no restrictions on redemptions or unfunded commitments for any of the major classes of assets.

## **MMC 401(k) Savings and Retirement Plan**

Notes to Financial Statements

December 31, 2024 and 2023

### **4. INVESTMENT CONTRACT WITH INSURANCE COMPANY**

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

The Nationwide Fixed Select Option in which the Plan is invested is provided under group annuity contracts issued by Nationwide. Such contracts are traditional investment contracts (guaranteed investment contract), and it does not have a termination date.

These funds are part of the general assets of Nationwide (its general accounts). The Plan does not own any underlying securities of either Nationwide's general account. The Plan has guaranteed benefits under the terms of the contracts. The contract value of the Plan assets invested in the Nationwide Fixed Select Option is reflected on the employer level fund statement.

The contract value equals deposits made to the Nationwide Fixed Select Option, plus interest credited under the terms of the contract, less any withdrawals.

Upon suspension of the contract, Nationwide will withdraw the suspense account (unallocated assets, e.g., forfeiture account or advance 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.

Nationwide (the issuer) is not permitted to terminate the contract and settle at an amount different from contract value. The average annual yield for the year ended December 31, 2024 was 2.9%.

### **5. INFORMATION CERTIFIED BY THE CUSTODIANS**

The Plan administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Nationwide has certified that the following investment information included in the accompanying financial statements and supplemental schedule relating to assets held by Nationwide is complete and accurate; investments in the statements of net assets available for benefits as of December 31, 2024 and 2023; net appreciation in value of investments and interest and dividends in the statement of changes in net assets available for benefits for the year ended December 31, 2024; and the investment information included in the supplemental Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024.

### **6. PLAN TERMINATION**

Although they have not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan at any time by resolution of its Plan Sponsor subject to the provisions of ERISA. In the event of Plan termination, the respective accounts of the participants under the Plan shall become fully vested and nonforfeitable.

## **MMC 401(k) Savings and Retirement Plan**

Notes to Financial Statements

December 31, 2024 and 2023

### **7. RELATED PARTY TRANSACTIONS**

Nationwide, as custodian of the Plan, manages and provides recordkeeping services on Plan investments held by them or their affiliates. Such Nationwide transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provision 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.

### **8. TAX STATUS**

The Company has adopted National Benefit Services, LLC (“NBS”) Define Contribution Pre-Approved Plan. The Internal Revenue Service (“IRS”) has informed NBS by a letter dated June 30, 2020, that its volume submitter plan is designed in accordance with applicable sections of the IRC (Internal Revenue Code), and is appropriate for use by employers for the benefit of its employees.

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.

### **9. EXCESS CONTRIBUTIONS PAYABLE**

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as excess contributions owed to participants. There were \$56,158 and \$167,504 of contributions payable as of December 31, 2024 and 2023, respectively.

**10. 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, 2024.

Per financial statements	\$ 21,156,634
Add back corrective distributions	<u>56,158</u>
Per Form 5500	<u>\$ 21,212,792</u>

Reconciliation of total deductions per the statement of changes in net assets available for benefits to total expenses per Form 5500 for the year ended December 31, 2024.

Per financial statements	\$ 9,934,109
Add back corrective distributions	<u>56,158</u>
Per Form 5500	<u>\$ 9,990,267</u>

SUPPLEMENTAL SCHEDULES

**MMC 401(k) Savings and Retirement Plan**

Three-digit plan number (PN): 333

Employer Identification Number: 20-3886993

**Schedule H, Line 4(a)**

**Schedule of Delinquent Participant Contributions**

Year ended December 31, 2024

<b>Total that Constitute Nonexempt Prohibited Transaction</b>						
Participant Contributions transferred late to Plan	Check here if the late participant loans payments are included	Contributions not corrected	Contributions corrected outside of Voluntary Fiduciary Corrections Program (VFCP)	Contributions pending correction in Voluntary Fiduciary Correction Program (VFCP)	Total Fully corrected under Voluntary Fiduciary Correction Program (VFCP) prohibited transaction exemption 2002-51	
\$ 24,831	X	\$ -	\$ 24,831	\$ -	\$ -	
\$ 240,914	X	\$ 240,914		\$ -	\$ -	

**MMC 401(k) Savings and Retirement Plan**  
Three-digit plan number (PN): 333  
Employer Identification Number: 20-3886993

**Schedule of Assets Held for Investment Purposes At End of Year 2024**

[a]	[b] Identify of issue, borrower, lessor, or similar party	[c] Description of investment	[d] Cost	[e] Current Value
*	Nationwide Life Insurance Company	Nw Fixed Select Option		\$ 4,037,752
		<b>Total Value of Funds held in Insurance Company</b>		<b>\$ 4,037,752</b>
*	Nationwide Life Insurance Company	Amfds Cap Wld Bd R6	N/A	\$ 290,559
*	Nationwide Life Insurance Company	Amfds Europacf Gr R6	N/A	4
*	Nationwide Life Insurance Company	Amfds New Prspct R6	N/A	1,462,233
*	Nationwide Life Insurance Company	Blackrock Eafe Equity Index Fund Cl 1	N/A	942,670
*	Nationwide Life Insurance Company	Blackrock Equity Index Fund Cl 1	N/A	9,105,175
*	Nationwide Life Insurance Company	Blackrock U.S. Debt Index Fund Cl 1	N/A	376,715
*	Nationwide Life Insurance Company	Core Bond Fund Class I1	N/A	979,176
*	Nationwide Life Insurance Company	Fed Hrns Gov Oblgtns Prmr	N/A	195,197
*	Nationwide Life Insurance Company	Flex Focus Moderate 2055 Fund Class R1	N/A	6,503,598
*	Nationwide Life Insurance Company	Flex Focus Moderate 2065 Class R1	N/A	5,666
*	Nationwide Life Insurance Company	Flxfocs Aggr 2035 R1	N/A	1,129,247
*	Nationwide Life Insurance Company	Flxfocs Aggr 2045 R1	N/A	515,306
*	Nationwide Life Insurance Company	Flxfocs Aggr 2055 R1	N/A	342,666
*	Nationwide Life Insurance Company	Flxfocs Aggr Rtrmt R1	N/A	115,411
*	Nationwide Life Insurance Company	Flxfocs Cnsrv 2035 R1	N/A	31,169
*	Nationwide Life Insurance Company	Flxfocs Cnsrv 2045 R1	N/A	78,920
*	Nationwide Life Insurance Company	Flxfocs Cnsrv 2055 R1	N/A	8,640
*	Nationwide Life Insurance Company	Flxfocs Cnsrv Rtrmt R1	N/A	61,910
*	Nationwide Life Insurance Company	Flxfocs Mod 2035 R1	N/A	10,900,842
*	Nationwide Life Insurance Company	Flxfocs Mod 2045 R1	N/A	11,528,552
*	Nationwide Life Insurance Company	Flxfocs Mod Rtrmt R1	N/A	8,367,092
*	Nationwide Life Insurance Company	International Equity Fund Fee Class I1	N/A	812,567
*	Nationwide Life Insurance Company	Jpm Lgcap Gr R6	N/A	168
*	Nationwide Life Insurance Company	Jpm Mdcap Gr R6	N/A	855,339
*	Nationwide Life Insurance Company	Jpm Us Sm Co R6	N/A	347,921
*	Nationwide Life Insurance Company	Jpmorgan Us Equity Fund - Class R	N/A	700,447
*	Nationwide Life Insurance Company	Large Cap Growth Fund Ii Fee Class R1	N/A	3,963,341
*	Nationwide Life Insurance Company	Mfs Mdcap Val R6	N/A	1,216,501
*	Nationwide Life Insurance Company	Mid Cap Growth Fund Fee Class I1	N/A	36
*	Nationwide Life Insurance Company	Pgim Hi Yld R6	N/A	465,288
*	Nationwide Life Insurance Company	Pimco Real Rtn Inst	N/A	251,577
*	Nationwide Life Insurance Company	Small Cap Growth Fund Fee Class Ii I1	N/A	433,695
*	Nationwide Life Insurance Company	Trowepr Bal	N/A	211,453
*	Nationwide Life Insurance Company	Victory Sycamore Small Company Opportunity Fund - Class R6	N/A	224,835
*	Nationwide Life Insurance Company	Vngrd Emrg Mkt Stkindxadm1	N/A	1,315,346
*	Nationwide Life Insurance Company	Vngrd Gr Indx Adml	N/A	8,686,551
*	Nationwide Life Insurance Company	Vngrd Mid-Cap Idx Fd As	N/A	1,923,806
*	Nationwide Life Insurance Company	Vngrd Realest Indx Adml	N/A	559,482
*	Nationwide Life Insurance Company	Vngrd Sm Cap Indx Fd As	N/A	1,163,920
*	Nationwide Life Insurance Company	Vngrd Sncap Val Indx Adml	N/A	439,528
*	Nationwide Life Insurance Company	Vngrd Wndsr Ii Adml	N/A	3,036,902
		<b>Total Value of Common Collective Trusts</b>		<b>79,549,451</b>
		<b>Total Investments</b>		<b>\$ 83,587,203</b>
		<b>Notes Receivable from Participants with interest ranging from 4.33% to 9.5%</b>		<b>\$ 505,712</b>
				<b>\$ 505,712</b>

\* Party-in-interest as defined by ERISA

N/A Cost information not provided as assets are part of a pooled account plan that participants and beneficiaries directed with respect to assets allocated to a participant's account

**MMC 401(k) Savings and Retirement Plan**  
 Three-digit plan number (PN): 333  
 Employer Identification Number: 20-3886993

**Schedule H, Line 4(a)**  
**Schedule of Delinquent Participant Contributions**  
 Year ended December 31, 2024

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