# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

**2015**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

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

**1a** Name of plan
PRIMARY CARE PARTNERS, P. C. 401(K)

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1998

**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
PRIMARY CARE PARTNERS, P.C.

3150 N. 12TH STREET
GRAND JUNCTION, CO 81506

**2b** Employer Identification Number (EIN) 84-1456669

**2c** Plan Sponsor's telephone number 970-254-2605

**2d** Business code (see instructions) 621111

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/10/2016 | TRINA KELLER |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

| | | |
|---|---|---|
| **3a** Plan administrator's name and address [X] Same as Plan Sponsor | **3b** Administrator's EIN | |
| | **3c** Administrator's telephone number | |
| **4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: | **4b** EIN | |
| **a** Sponsor's name | **4c** PN | |
| **5** Total number of participants at the beginning of the plan year | **5** | 383 |
| **6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** Total number of active participants at the beginning of the plan year | **6a(1)** | 281 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 241 |
| **b** Retired or separated participants receiving benefits | **6b** | 0 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 117 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 358 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 1 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 359 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 346 |
| **h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 1 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2R 2T 3D

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

| **9a** Plan funding arrangement (check all that apply) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** | [ ] Insurance | **(1)** | [ ] Insurance |
| **(2)** | [ ] Code section 412(e)(3) insurance contracts | **(2)** | [ ] Code section 412(e)(3) insurance contracts |
| **(3)** | [X] Trust | **(3)** | [X] Trust |
| **(4)** | [ ] General assets of the sponsor | **(4)** | [ ] General assets of the sponsor |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

**(1)** [X] **R** (Retirement Plan Information)

**(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

**(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

**(1)** [X] **H** (Financial Information)

**(2)** [ ] **I** (Financial Information – Small Plan)

**(3)** [ ] ___ **A** (Insurance Information)

**(4)** [X] **C** (Service Provider Information)

**(5)** [X] **D** (DFE/Participating Plan Information)

**(6)** [ ] **G** (Financial Transaction Schedules)

**Part III** **Form M-1 Compliance Information (to be completed by welfare benefit plans)**

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2015**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

**A** Name of plan
PRIMARY CARE PARTNERS, P. C. 401(K)

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
PRIMARY CARE PARTNERS, P.C.

**D** Employer Identification Number (EIN)
84-1456669

## 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).. . . . . [X] 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

INVESCO

76-0528004

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

AMERICAN FUNDS

95-1411037

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

ARTISAN

39-1811840

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

COLUMBIA

93-0577450

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

DREYFUS

13-5673135

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

JANUS

43-1804048

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

MFS

04-2747644

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

PIMCO FUNDS

95-2632339

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

JPMORGAN

13-2624428

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

VANGUARD

23-1945930

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

ACADIAN FUNDS

04-2929221

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

T. ROWE PRICE

52-2264646

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

HARBOR

04-2679462

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

NORTHERN FUNDS

39-1777365

**(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)

WELLS FARGO BANK, N.A.

94-1347393

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 37 49 50 60 62 63 64 | SERVICE PROVIDER | 49904 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

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

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

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2015**

**This Form is Open to Public Inspection.**

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

**A** Name of plan
PRIMARY CARE PARTNERS, P. C. 401(K)

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
PRIMARY CARE PARTNERS, P.C.

**D** Employer Identification Number (EIN)
84-1456669

**Part I** **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO/BLACKROCK S&P 500 INDEX

**b** Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 94-3224211-001 | C | 2897260 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO CORE BOND CIT TR

**b** Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 94-3222878-001 | C | 661 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STABLE RETURN FUND N

**b** Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 41-6202499-001 | C | 640405 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO INTERNATIONAL BOND CIT

**b** Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 46-6136833-001 | C | 497 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO LARGE CAP GROWTH CIT AT

**b** Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 56-6649361-001 | C | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO/T. ROWE PRICE INST LCG

**b** Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 45-6648614-001 | C | 1784 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO/T. ROWE PRICE INST EQ

**b** Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 46-6586666-001 | C | 686 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO/DODGE & COX INTERMEDIAT

**b** Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

| **c** EIN-PN 47-6566265-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 552 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO/CAUSEWAY INTERNATIONAL

**b** Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

| **c** EIN-PN 47-6375784-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1688 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO/MFS VALUE CIT AT

**b** Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

| **c** EIN-PN 45-6648640-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4550 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO/MULTI-MANAGER SMALL CAP

**b** Name of sponsor of entity listed in (a): WELLS FARGO/MFS VALUE CIT AT

| **c** EIN-PN 45-6648658-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1184 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO/BLACKROCK INTERNATIONAL

**b** Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

| **c** EIN-PN 52-2265229-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1946 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO/BLACKROCK RUSSELL 2000

**b** Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

| **c** EIN-PN 52-2265233-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 389 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO/BLACKROCK S&P MIDCAP IN

**b** Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

| **c** EIN-PN 52-2265235-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1364 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO/BLACKROCK U.S. AGGREGAT

**b** Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

| **c** EIN-PN 20-5699010-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 775 |
|---|---|---|

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

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

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

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

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

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

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

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

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2015**

**This Form is Open to Public Inspection**

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

**A** Name of plan
PRIMARY CARE PARTNERS, P. C. 401(K)

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
PRIMARY CARE PARTNERS, P.C.

**D** Employer Identification Number (EIN)
84-1456669

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 530535 | 495259 |
| **(2)** Participant contributions | 1b(2) | 23159 | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 639952 | 615294 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 3507696 | 3553741 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 15285339 | 15047045 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | 2245419 | 2003512 |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 22232100 | 21714851 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 22232100 | 21714851 |

## Part II Income and Expense Statement

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

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 479874 | |
| | **(B)** Participants | 2a(1)(B) | 856799 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1336673 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | 21220 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 21220 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 189516 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 189516 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 52633 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | -519053 |
| c Other income | 2c | | -138056 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 942933 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1404048 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 1404048 |
| f Corrective distributions (see instructions) | 2f | | 5269 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 50865 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 50865 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1460182 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | -517249 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

**(1)** [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

**(1)** Name: DALBY, WENDLAND & CO. P.C. **(2)** EIN: 84-0795096

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | N/A | Amount |
|---|---|---|---|---|---|
| **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.) | 4a | X | | | 1 |
| **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.) | 4b | | X | | |

| | | | Yes | No | N/A | Amount |
|---|---|---|---|---|---|---|
| c | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | | |
| e | Was this plan covered by a fidelity bond? | 4e | X | | | 200000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | | |
| o | Did the plan trust incur unrelated business taxable income? | 4o | | | | |
| p | Were in-service distributions made during the plan year? | 4p | | | | |

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

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

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

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

## Part V Trust Information

**6a** Name of trust

**6b** Trust's EIN

**6c** Name of trustee or custodian

**6d** Trustee's or custodian's telephone number

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2015**

**This Form is Open to Public Inspection.**

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

**A** Name of plan
PRIMARY CARE PARTNERS, P. C. 401(K)

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
PRIMARY CARE PARTNERS, P.C.

**D** Employer Identification Number (EIN)
84-1456669

## Part I Distributions

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

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1** 0

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 41-6257133

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... **3**

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6** **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

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

## Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

**11** **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

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

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

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part VII IRS Compliance Questions

| | | |
|---|---|---|
| **20a** Is the plan a 401(k) plan? | ☐ Yes | ☐ No |
| **20b** If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? | ☐ Design-based safe harbor method | ☐ ADP/ACP test |
| **20c** If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))? | ☐ Yes | ☐ No |
| **21a** Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): | ☐ Ratio percentage test | ☐ Average benefit test |
| **21b** Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? | ☐ Yes | ☐ No |
| **22a** Has the plan been timely amended for all required tax law changes? | ☐ Yes | ☐ No ☐ N/A |

**22b** Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

**22c** If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

**22d** If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

| | | |
|---|---|---|
| **23** Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? | ☐ Yes | ☐ No |

**PRIMARY CARE PARTNERS, INC.**
**401(K) PROFIT SHARING PLAN**

FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITOR'S REPORT

December 31, 2015 and 2014

DALBY, WENDLAND & CO., P.C.
Grand Junction

*CPAs and Business Advisors*

464 Main Street • P.O. Box 430 • Grand Junction, CO 81502
Phone: (970) 243-1921 • Fax: (970) 243-9214

Board of Trustees
Primary Care Partners, Inc. 401(k) Profit Sharing Plan
Grand Junction, Colorado

**INDEPENDENT AUDITOR'S REPORT**

**Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Primary Care Partners, Inc. 401(k) Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

**Management's Responsibility for the Financial Statements**

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

**Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

**Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2015 and 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

**Disclaimer of Opinion**

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

**Other Matter**

The supplemental Schedule H, Line 4a-Schedule of Delinquent Participant Contributions and Schedule H, Line 4i-Schedule of Assets (Held At End of Year) are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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



DALBY, WENDLAND & CO., P.C.
Grand Junction, Colorado

August 16, 2016

**PRIMARY CARE PARTNERS, INC. 401(K) PROFIT SHARING PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2015 and 2014

| | | **2015** | 2014 |
|---|---|---|---|
| **ASSETS** | | | |
| **Investments, at Fair Value** | | | |
| Mutual funds | | **$ 15,047,045** | $ 15,285,339 |
| Common collective trust funds | | **3,553,741** | 3,507,696 |
| Self-directed funds | | **2,003,512** | 2,245,419 |
| | *Total Investments, at Fair Value* | **20,604,298** | 21,038,454 |
| **Receivables** | | | |
| Employer contributions | | **495,259** | 530,535 |
| Participant contributions | | **-** | 23,159 |
| Notes receivable from participants | | **615,294** | 639,952 |
| | *Total Receivables* | **1,110,553** | 1,193,646 |
| | ***Total Assets*** | **$ 21,714,851** | $ 22,232,100 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | | | |
| **Net Assets Available for Benefits** | | **$ 21,714,851** | $ 22,232,100 |

See accompanying notes.

**PRIMARY CARE PARTNERS, INC. 401(K) PROFIT SHARING PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the years ended December 31, 2015 and 2014

| | **2015** | 2014 |
|---|---|---|
| **Additions to Net Assets Attributed to:** | | |
| Investment income (loss) | | |
| Net appreciation (depreciation) in fair value of investments: | | |
| Participant directed - mutual funds | **$ (519,053)** | $ 779,378 |
| Participant directed - common collective trust funds | **52,633** | 75,817 |
| Self-directed | **(138,056)** | 330,230 |
| Interest and dividends | **189,516** | 219,687 |
| *Total Investment Income (Loss)* | **(414,960)** | 1,405,112 |
| Interest income on notes receivable from participants | **21,220** | 21,572 |
| Contributions | | |
| Employer | **479,874** | 524,017 |
| Participant | **856,799** | 832,059 |
| Rollovers | **-** | 4,767 |
| *Total Contributions* | **1,336,673** | 1,360,843 |
| *Total Additions* | **942,933** | 2,787,527 |
| **Deductions from Net Assets Attributed to:** | | |
| Benefits paid to participants | **1,404,048** | 2,460,826 |
| Administrative expenses | **50,865** | 59,150 |
| Corrective distributions | **5,269** | - |
| *Total Deductions* | **1,460,182** | 2,519,976 |
| *Net Increase (Decrease) in Net Assets Available for Benefits* | **(517,249)** | 267,551 |
| **Net Assets Available for Benefits** - beginning of the year | **22,232,100** | 21,964,549 |
| **Net Assets Available for Benefits** - end of the year | **$ 21,714,851** | $ 22,232,100 |

See accompanying notes.

## NOTE 1 - DESCRIPTION OF PLAN

The following description of the Primary Care Partners, Inc. 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

### General

The Plan is a defined contribution plan covering all employees of Primary Care Partners, Inc. (the Company) who have completed one year of employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

### Contributions

Under the terms of the Plan, participants may elect to make both pre-tax and after-tax contributions. The total of each participant's annual pre-tax and after-tax contributions are subject to applicable Internal Revenue Code (IRC) limits. Additionally, all employees eligible to participate in the Plan that have attained age 50 before the close of the plan year are eligible to make pre-tax and after-tax catch-up contributions up to the maximum amount allowed under the IRC. Each year, the Company makes a safe harbor nonelective contribution equal to 3% of each participant's compensation. The Company may also make a profit sharing contribution each year at its discretion. The amount that can be added each year to a participant's account, which includes contributions made by the participant and the Company on the participant's behalf, is subject to restrictions imposed by the IRC.

### Participant Accounts

Each participant's account is credited with the participant's contributions, the Company's contributions made on the participant's behalf, and an allocation of Plan earnings. Additionally, Plan expenses are paid by the participants by reducing each participant's contribution by an allocated amount. Allocations are based on participant earnings or account balances, as defined in the plan agreement. 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 voluntary contributions and safe harbor nonelective contributions made by the Company plus actual earnings thereon. Vesting in the Company's discretionary contribution portion of their accounts plus actual earnings thereon is based on continuous service at 20% per year beginning at the end of year one resulting in the participant becoming 100% vested at the end of year five. As defined in the plan agreement, to earn a year of service, a participant must be credited with at least 1,000 hours of service during the plan year.

A participant can also become 100% vested in the Company's discretionary contribution portion of their account plus earnings thereon if the participant dies, attains age 59½, becomes disabled, or upon termination of the Plan.

### Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their account balance, whichever is less. Loan transactions are treated as a transfer to (from) the investment fund from (to) the loan fund. Loan terms are up to five years or twenty years if used for the

purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at prime rate on the date of the loan.

**Payment of Benefits**
Upon separation of service, a participant will receive a lump-sum payment equal to the value of his or her account, provided the account does not have a value greater than $1,000. Distributions greater than $1,000 must be directly rolled over to an IRA on behalf of the terminated participants who do not select a payout option. A participant with a vested account balance greater than $5,000 may continue holding investments within the Plan, or elect to withdraw. Prior to separation from service, a participant may elect to receive a distribution of all or any portion of the participant's account balance attributable to deferral contributions, safe harbor contributions made by the Company, and profit sharing contributions made at the Company's discretion if the participant has attained the age of 59½ or the participant has incurred a disability.

**Forfeitures**
If a participant terminates service prior to earning enough years of service to become fully vested in the Company's discretionary contributions, they will forfeit the amount in which they are not vested. Forfeitures may be used to offset employer contributions for the Plan year in which the forfeiture occurs or in the Plan year immediately following the year in which the forfeiture occurs. Net forfeitures used to reduce employer contributions for the years ended December 31, were $15,385 (2015) and $6,681 (2014). Unallocated forfeitures are not considered assets available for benefits as of year end. At December 31, unallocated forfeitures totaled $6,034 (2015) and $15,592 (2014).

**Administrative Expenses**
Administrative expenses shown in the Plan's statements of changes in net assets available for benefits include marketing fees charged to the Plan's mutual funds (referred to as 12b-1 fees) and other expenses paid to third party administrators performing various services such as recordkeeping, transaction processing, and custodial services for the Plan.

**Plan Tax Status**
On March 31, 2008, the Internal Revenue Service stated that the prototype plan adopted by the Plan, as then designed, was acceptable for use by employers for the benefit of their employees under Section 401 of the IRC. The Plan has not received a determination letter specific to the Plan itself; however, the plan administrator and tax counsel believe that the Plan is designed and is being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

**Reclassifications**
Certain reclassifications have been made to the 2014 financial statement amounts to conform to the 2015 financial statement presentation. These reclassifications had no effect on the results of Plan operations.

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting**
The financial statements of the Plan are prepared on the accrual basis of accounting.

**Investment Valuation and Income Recognition**
The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. 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.

The underlying assets of the stable value fund consist primarily of investment contracts and security-backed contracts. An investment contract is a contract issued by a financial institution to provide a stated rate of return to the buyer of the contract for a specified period of time. A security-backed contract has similar characteristics as a traditional investment contract and is comprised of two parts: the first part is a fixed-income security or portfolio of fixed-income securities; the second part is a contract value guarantee (wrapper) provided by a third party. Wrappers provide contract value payments for certain participant-initiated withdrawals and transfers, a floor crediting rate, and return of fully accrued contract value at maturity.

**Notes Receivable from Participants**
Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan agreement. Interest income is recorded on the accrual basis.

**Payment of Benefits**
Benefits are recorded when paid.

**Estimates**
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

## NOTE 3 - INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Wells Fargo Bank, N.A., the trustee of the Plan, has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2015 and 2014 and the related investment activity reflected in the statements of changes in net assets available for benefits for the years then ended. The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

## NOTE 4 - FAIR VALUE MEASUREMENTS

The Plan complies with Financial Accounting Standards Board Accounting Standards Codification Topic 820, *Fair Value Measurements and Disclosures* (ASC 820). ASC 820 defines fair value, establishes a consistent framework for measuring fair value, and expands disclosure requirements for fair value measurements. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

Under ASC 820, assets and liabilities are grouped into three levels, based on the markets in which the assets and liabilities are traded and the reliability of the assumptions used to determine fair value. These levels are:

- Level 1 – Valuation is based upon quoted prices for identical instruments traded in active markets.

- Level 2 – Valuation is based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market.
- Level 3 – Valuation is generated from model-based techniques that use significant assumptions not observable in the market. These unobserved assumptions reflect plan management's own estimates of assumptions that market participants would use in pricing the asset or liability. Valuation techniques include use of option pricing models, discounted cash flow models, and similar techniques.

Under ASC 820, the Plan bases fair values on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements for assets and liabilities where there exists limited or no observable market data and, therefore, are based primarily upon the Plan's estimates, are often calculated based on current pricing policy, the economic and competitive environment, the characteristics of the asset or liability, and other such factors. Therefore, the results cannot be determined with precision and may not be realized in an actual sale or immediate settlement of the asset or liability. Additionally, there may be inherent weaknesses in any calculation technique, and changes in the underlying assumptions used, including discount rates and estimates of future cash flows, that could significantly affect the results of current or future values.

The following is a description of the valuation methodologies used for assets measured at fair value:

*Mutual Funds*: Valued at the net asset value (NAV) of shares held by the Plan at year end.

*Self-Directed Funds:* Valued at the total of the ending balances of participants' accounts, which approximates fair value since the underlying investments principally consist of mutual funds, common stocks, money market funds, and bond funds.

*Common Collective Trust Funds:* Valuation of the funds' units occurs daily. Unit values are determined by dividing the value of each fund's net assets by the total number of participants' units outstanding on the valuation date. The funds' investments held in other collected funds are valued on the basis of market valuations, where available, as provided by independent pricing services. Securities for which market valuations are not readily available are valued at fair value as determined by Wells Fargo Bank, N.A. Market valuations are generally determined as follows:

- Securities traded on security exchanges are valued at closing market prices on the valuation date.
- Securities traded on the over-the-counter market are valued at the last sale on the valuation date, if any, otherwise at the last reported price.
- Government and agency obligations are valued based upon the most recent bid quotation for identical or similar obligations
- Fixed income securities are valued based upon the most recent bid quotation from major market makers or security exchanges.

Participants' purchases and redemptions of units from each fund are based on unit values as of the valuation date. Purchases and redemptions of units may occur on a daily basis.

The common collective trust funds are primarily made up of investment funds that invest in the equity securities of companies that compose the S&P 500 Index.

The stable value fund is a collective trust fund sponsored by the trustee. Value is based on the contract value of shares held by the Plan at year end. The contract values of underlying investments are determined using the discounted cash flow method based on current yields of similar instruments with comparable durations and approximates fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Fair value measurements for assets recorded at fair value on a recurring basis at December 31, 2015 are as follows:

| Description | Level 1 | Level 2 | Level 3 | Total Fair Value |
|---|---|---|---|---|
| Mutual funds | $ 15,047,045 | $ - | $ - | $ 15,047,045 |
| Common collective trust funds | - | 3,553,741 | - | 3,553,741 |
| Self-directed funds | 2,003,512 | - | - | 2,003,512 |
| *Total* | $ 17,050,557 | $ 3,553,741 | $ - | $ 20,604,298 |

Fair value measurements for assets recorded at fair value on a recurring basis at December 31, 2014 are as follows:

| Description | Level 1 | Level 2 | Level 3 | Total Fair Value |
|---|---|---|---|---|
| Mutual funds | $ 15,285,339 | $ - | $ - | $ 15,285,339 |
| Common collective trust funds | - | 3,507,696 | - | 3,507,696 |
| Self-directed funds | 2,245,419 | - | - | 2,245,419 |
| *Total* | $ 17,530,758 | $ 3,507,696 | $ - | $ 21,038,454 |

## NOTE 5 - PLAN TERMINATION

Although they have expressed no intention to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA and any collective bargaining agreements in effect at the time. In the event of Plan termination, all participants will become 100% vested in their accounts.

## NOTE 6 - 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.

## NOTE 7 - RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds and common collective trust funds managed by Wells Fargo Bank, N.A., the Plan's trustee. Therefore, these transactions qualify as party-in-interest transactions and are denoted as such on the supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year).

## NOTE 8 - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through August 16, 2016, the date at which the financial statements were available to be issued.

Effective January 1, 2016, the Plan was amended to include an auto-enrollment provision whereby all eligible employees are automatically enrolled in the Plan unless they elect not to participate.

SUPPLEMENTAL SCHEDULES

**PRIMARY CARE PARTNERS, INC. 401(K) PROFIT SHARING PLAN**

SCHEDULE H, LINE 4A - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EMPLOYER IDENTIFICATION NUMBER 84-1456669

PLAN NUMBER 001

December 31, 2015

| | Total that Constitutes Nonexempt Prohibited Transactions | | | |
|---|---|---|---|---|
| Participant Contributions Transferred Late to Plan | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | Total Fully Corrected Under VFCP and PTE 2002-51 |
| Check here if Late Participant Loan Repayments are included: ☐ | $ - | $ 1 | $ - | $ - |

**PRIMARY CARE PARTNERS, INC. 401(K) PROFIT SHARING PLAN**

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

EMPLOYER IDENTIFICATION NUMBER 84-1456669

PLAN NUMBER 001

December 31, 2015

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | (e) Current Value |
|---|---|---|---|
| * | Wells Fargo Advantage Dow Jones Target 2020 R6 | Mutual fund | $ 3,628,292 |
| * | Wells Fargo Advantage Dow Jones Target 2030 R6 | Mutual fund | 3,158,731 |
| * | Wells Fargo BlackRock S&P 500 Index CIT N | Common/Collective fund | 2,892,984 |
| * | Wells Fargo Advantage Dow Jones Target 2040 R6 | Mutual fund | 1,811,415 |
| | American Funds Europacific Growth R6 | Mutual fund | 936,898 |
| | Artisan Mid-Cap Value Institutional | Mutual fund | 930,079 |
| | Pimco Total Return Institutional | Mutual fund | 792,986 |
| * | Wells Fargo Advantage Small Cap Value Institutional | Mutual fund | 662,539 |
| * | Wells Fargo Stable Return Fund N | Common/Collective fund | 640,404 |
| | JP Morgan Mid Cap Growth R5 | Mutual fund | 592,861 |
| | Invesco Small Cap Growth Fund R6 | Mutual fund | 550,488 |
| * | Wells Fargo Advantage Dow Jones Target 2050 R6 | Mutual fund | 539,291 |
| | MFS Value Fund R3 | Mutual fund | 445,156 |
| | Janus Forty I | Mutual fund | 412,932 |
| * | Wells Fargo Advantage Dow Jones Target Today R6 | Mutual fund | 262,659 |
| | Dreyfus Small Cap Stock Index Fund | Mutual fund | 127,683 |
| | Columbia Mid Cap Index R5 | Mutual fund | 80,718 |
| * | Wells Fargo Advantage Dow Jones Target 2010 R6 | Mutual fund | 73,713 |
| | Vanguard Developed Markets Index Fund Admiral | Mutual fund | 36,352 |
| * | Wells Fargo / MFS Value CIT AT | Common/Collective fund | 4,550 |
| * | Wells Fargo / Black Rock S&P 500 Index CIT TR | Common/Collective fund | 4,276 |
| * | Wells Fargo / Black Rock International Equity Index CIT TR | Common/Collective fund | 1,946 |
| * | Wells Fargo / T Rowe Price Institutional LCG Managed CIT TR | Common/Collective fund | 1,784 |
| * | Wells Fargo Causeway International Value CIT TR | Common/Collective fund | 1,688 |
| | Harbor International Institutional | Mutual fund | 1,584 |
| * | Wells Fargo / Black Rock S&P MidCap Index CIT TR | Common/Collective fund | 1,364 |
| * | Wells Fargo / Multi-Manager Sm Cap CIT TR | Common/Collective fund | 1,184 |
| | Acadian Emerging Markets Institutional - TR | Mutual fund | 1,122 |
| | Northern Global Real Estate Index- TR | Mutual fund | 996 |
| * | Wells Fargo / Black Rock US Aggregate Bond Index CIT TR | Common/Collective fund | 775 |
| * | Wells Fargo / T Rowe Price Institutional Equity Inc Managed CIT TR | Common/Collective fund | 686 |
| * | Wells Fargo Core Bond CIT TR | Common/Collective fund | 661 |
| * | Wells Fargo / Dodge & Cox Intermediate Bond CIT TR | Common/Collective fund | 552 |
| * | Wells Fargo International Bond CIT TR | Common/Collective fund | 497 |
| * | Wells Fargo / Black Rock Russell 2000 Index CIT TR | Common/Collective fund | 389 |
| | PIMCO High Yield I - TR | Mutual fund | 301 |
| | PIMCO Real Return/Institutional - TR | Mutual fund | 250 |
| | Self Directed Funds | Mutual Funds, Equities, and Money Market Funds | 2,003,512 |
| * | Participant Loans | Loans, ranging 1-20 years maturity with interest rates of 3.25% to 3.50% | 615,294 |
| | | | $ 21,219,592 |

* Denotes a party-in-interest to the Plan.

**PRIMARY CARE PARTNERS, INC. 401(K) PROFIT SHARING PLAN**

SCHEDULE H, LINE 4A - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EMPLOYER IDENTIFICATION NUMBER 84-1456669

PLAN NUMBER 001

December 31, 2015

| | Total that Constitutes Nonexempt Prohibited Transactions | | | |
|---|---|---|---|---|
| Participant Contributions Transferred Late to Plan | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | Total Fully Corrected Under VFCP and PTE 2002-51 |
| Check here if Late Participant Loan Repayments are included: ☐ | $ - | $ 1 | $ - | $ - |

**PRIMARY CARE PARTNERS, INC. 401(K) PROFIT SHARING PLAN**

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

EMPLOYER IDENTIFICATION NUMBER 84-1456669

PLAN NUMBER 001

December 31, 2015

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | (e) Current Value |
|---|---|---|---|
| * | Wells Fargo Advantage Dow Jones Target 2020 R6 | Mutual fund | $ 3,628,292 |
| * | Wells Fargo Advantage Dow Jones Target 2030 R6 | Mutual fund | 3,158,731 |
| * | Wells Fargo BlackRock S&P 500 Index CIT N | Common/Collective fund | 2,892,984 |
| * | Wells Fargo Advantage Dow Jones Target 2040 R6 | Mutual fund | 1,811,415 |
| | American Funds Europacific Growth R6 | Mutual fund | 936,898 |
| | Artisan Mid-Cap Value Institutional | Mutual fund | 930,079 |
| | Pimco Total Return Institutional | Mutual fund | 792,986 |
| * | Wells Fargo Advantage Small Cap Value Institutional | Mutual fund | 662,539 |
| * | Wells Fargo Stable Return Fund N | Common/Collective fund | 640,404 |
| | JP Morgan Mid Cap Growth R5 | Mutual fund | 592,861 |
| | Invesco Small Cap Growth Fund R6 | Mutual fund | 550,488 |
| * | Wells Fargo Advantage Dow Jones Target 2050 R6 | Mutual fund | 539,291 |
| | MFS Value Fund R3 | Mutual fund | 445,156 |
| | Janus Forty I | Mutual fund | 412,932 |
| * | Wells Fargo Advantage Dow Jones Target Today R6 | Mutual fund | 262,659 |
| | Dreyfus Small Cap Stock Index Fund | Mutual fund | 127,683 |
| | Columbia Mid Cap Index R5 | Mutual fund | 80,718 |
| * | Wells Fargo Advantage Dow Jones Target 2010 R6 | Mutual fund | 73,713 |
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| * | Wells Fargo / Black Rock S&P 500 Index CIT TR | Common/Collective fund | 4,276 |
| * | Wells Fargo / Black Rock International Equity Index CIT TR | Common/Collective fund | 1,946 |
| * | Wells Fargo / T Rowe Price Institutional LCG Managed CIT TR | Common/Collective fund | 1,784 |
| * | Wells Fargo Causeway International Value CIT TR | Common/Collective fund | 1,688 |
| | Harbor International Institutional | Mutual fund | 1,584 |
| * | Wells Fargo / Black Rock S&P MidCap Index CIT TR | Common/Collective fund | 1,364 |
| * | Wells Fargo / Multi-Manager Sm Cap CIT TR | Common/Collective fund | 1,184 |
| | Acadian Emerging Markets Institutional - TR | Mutual fund | 1,122 |
| | Northern Global Real Estate Index- TR | Mutual fund | 996 |
| * | Wells Fargo / Black Rock US Aggregate Bond Index CIT TR | Common/Collective fund | 775 |
| * | Wells Fargo / T Rowe Price Institutional Equity Inc Managed CIT TR | Common/Collective fund | 686 |
| * | Wells Fargo Core Bond CIT TR | Common/Collective fund | 661 |
| * | Wells Fargo / Dodge & Cox Intermediate Bond CIT TR | Common/Collective fund | 552 |
| * | Wells Fargo International Bond CIT TR | Common/Collective fund | 497 |
| * | Wells Fargo / Black Rock Russell 2000 Index CIT TR | Common/Collective fund | 389 |
| | PIMCO High Yield I - TR | Mutual fund | 301 |
| | PIMCO Real Return/Institutional - TR | Mutual fund | 250 |
| | Self Directed Funds | Mutual Funds, Equities, and Money Market Funds | 2,003,512 |
| * | Participant Loans | Loans, ranging 1-20 years maturity with interest rates of 3.25% to 3.50% | 615,294 |
| | | | $ 21,219,592 |

* Denotes a party-in-interest to the Plan.

**PRIMARY CARE PARTNERS, INC.**
**401(K) PROFIT SHARING PLAN**

FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITOR'S REPORT

December 31, 2015 and 2014

DALBY, WENDLAND & CO., P.C.
Grand Junction

*CPAs and Business Advisors*

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Board of Trustees
Primary Care Partners, Inc. 401(k) Profit Sharing Plan
Grand Junction, Colorado

**INDEPENDENT AUDITOR'S REPORT**

**Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Primary Care Partners, Inc. 401(k) Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

**Management's Responsibility for the Financial Statements**

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

**Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

**Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2015 and 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

**Disclaimer of Opinion**

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

**Other Matter**

The supplemental Schedule H, Line 4a-Schedule of Delinquent Participant Contributions and Schedule H, Line 4i-Schedule of Assets (Held At End of Year) are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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



DALBY, WENDLAND & CO., P.C.
Grand Junction, Colorado

August 16, 2016

**PRIMARY CARE PARTNERS, INC. 401(K) PROFIT SHARING PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2015 and 2014

| | | **2015** | 2014 |
|---|---|---|---|
| **ASSETS** | | | |
| **Investments, at Fair Value** | | | |
| Mutual funds | | **$ 15,047,045** | $ 15,285,339 |
| Common collective trust funds | | **3,553,741** | 3,507,696 |
| Self-directed funds | | **2,003,512** | 2,245,419 |
| | *Total Investments, at Fair Value* | **20,604,298** | 21,038,454 |
| **Receivables** | | | |
| Employer contributions | | **495,259** | 530,535 |
| Participant contributions | | **-** | 23,159 |
| Notes receivable from participants | | **615,294** | 639,952 |
| | *Total Receivables* | **1,110,553** | 1,193,646 |
| | ***Total Assets*** | **$ 21,714,851** | $ 22,232,100 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | | | |
| **Net Assets Available for Benefits** | | **$ 21,714,851** | $ 22,232,100 |

See accompanying notes.

**PRIMARY CARE PARTNERS, INC. 401(K) PROFIT SHARING PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the years ended December 31, 2015 and 2014

| | **2015** | 2014 |
|---|---|---|
| **Additions to Net Assets Attributed to:** | | |
| Investment income (loss) | | |
| Net appreciation (depreciation) in fair value of investments: | | |
| Participant directed - mutual funds | **$ (519,053)** | $ 779,378 |
| Participant directed - common collective trust funds | **52,633** | 75,817 |
| Self-directed | **(138,056)** | 330,230 |
| Interest and dividends | **189,516** | 219,687 |
| *Total Investment Income (Loss)* | **(414,960)** | 1,405,112 |
| Interest income on notes receivable from participants | **21,220** | 21,572 |
| Contributions | | |
| Employer | **479,874** | 524,017 |
| Participant | **856,799** | 832,059 |
| Rollovers | **-** | 4,767 |
| *Total Contributions* | **1,336,673** | 1,360,843 |
| *Total Additions* | **942,933** | 2,787,527 |
| **Deductions from Net Assets Attributed to:** | | |
| Benefits paid to participants | **1,404,048** | 2,460,826 |
| Administrative expenses | **50,865** | 59,150 |
| Corrective distributions | **5,269** | - |
| *Total Deductions* | **1,460,182** | 2,519,976 |
| *Net Increase (Decrease) in Net Assets Available for Benefits* | **(517,249)** | 267,551 |
| **Net Assets Available for Benefits** - beginning of the year | **22,232,100** | 21,964,549 |
| **Net Assets Available for Benefits** - end of the year | **$ 21,714,851** | $ 22,232,100 |

See accompanying notes.

## NOTE 1 - DESCRIPTION OF PLAN

The following description of the Primary Care Partners, Inc. 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

### General

The Plan is a defined contribution plan covering all employees of Primary Care Partners, Inc. (the Company) who have completed one year of employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

### Contributions

Under the terms of the Plan, participants may elect to make both pre-tax and after-tax contributions. The total of each participant's annual pre-tax and after-tax contributions are subject to applicable Internal Revenue Code (IRC) limits. Additionally, all employees eligible to participate in the Plan that have attained age 50 before the close of the plan year are eligible to make pre-tax and after-tax catch-up contributions up to the maximum amount allowed under the IRC. Each year, the Company makes a safe harbor nonelective contribution equal to 3% of each participant's compensation. The Company may also make a profit sharing contribution each year at its discretion. The amount that can be added each year to a participant's account, which includes contributions made by the participant and the Company on the participant's behalf, is subject to restrictions imposed by the IRC.

### Participant Accounts

Each participant's account is credited with the participant's contributions, the Company's contributions made on the participant's behalf, and an allocation of Plan earnings. Additionally, Plan expenses are paid by the participants by reducing each participant's contribution by an allocated amount. Allocations are based on participant earnings or account balances, as defined in the plan agreement. 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 voluntary contributions and safe harbor nonelective contributions made by the Company plus actual earnings thereon. Vesting in the Company's discretionary contribution portion of their accounts plus actual earnings thereon is based on continuous service at 20% per year beginning at the end of year one resulting in the participant becoming 100% vested at the end of year five. As defined in the plan agreement, to earn a year of service, a participant must be credited with at least 1,000 hours of service during the plan year.

A participant can also become 100% vested in the Company's discretionary contribution portion of their account plus earnings thereon if the participant dies, attains age 59½, becomes disabled, or upon termination of the Plan.

### Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their account balance, whichever is less. Loan transactions are treated as a transfer to (from) the investment fund from (to) the loan fund. Loan terms are up to five years or twenty years if used for the

purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at prime rate on the date of the loan.

**Payment of Benefits**
Upon separation of service, a participant will receive a lump-sum payment equal to the value of his or her account, provided the account does not have a value greater than $1,000. Distributions greater than $1,000 must be directly rolled over to an IRA on behalf of the terminated participants who do not select a payout option. A participant with a vested account balance greater than $5,000 may continue holding investments within the Plan, or elect to withdraw. Prior to separation from service, a participant may elect to receive a distribution of all or any portion of the participant's account balance attributable to deferral contributions, safe harbor contributions made by the Company, and profit sharing contributions made at the Company's discretion if the participant has attained the age of 59½ or the participant has incurred a disability.

**Forfeitures**
If a participant terminates service prior to earning enough years of service to become fully vested in the Company's discretionary contributions, they will forfeit the amount in which they are not vested. Forfeitures may be used to offset employer contributions for the Plan year in which the forfeiture occurs or in the Plan year immediately following the year in which the forfeiture occurs. Net forfeitures used to reduce employer contributions for the years ended December 31, were $15,385 (2015) and $6,681 (2014). Unallocated forfeitures are not considered assets available for benefits as of year end. At December 31, unallocated forfeitures totaled $6,034 (2015) and $15,592 (2014).

**Administrative Expenses**
Administrative expenses shown in the Plan's statements of changes in net assets available for benefits include marketing fees charged to the Plan's mutual funds (referred to as 12b-1 fees) and other expenses paid to third party administrators performing various services such as recordkeeping, transaction processing, and custodial services for the Plan.

**Plan Tax Status**
On March 31, 2008, the Internal Revenue Service stated that the prototype plan adopted by the Plan, as then designed, was acceptable for use by employers for the benefit of their employees under Section 401 of the IRC. The Plan has not received a determination letter specific to the Plan itself; however, the plan administrator and tax counsel believe that the Plan is designed and is being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

**Reclassifications**
Certain reclassifications have been made to the 2014 financial statement amounts to conform to the 2015 financial statement presentation. These reclassifications had no effect on the results of Plan operations.

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting**
The financial statements of the Plan are prepared on the accrual basis of accounting.

**Investment Valuation and Income Recognition**
The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. 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.

The underlying assets of the stable value fund consist primarily of investment contracts and security-backed contracts. An investment contract is a contract issued by a financial institution to provide a stated rate of return to the buyer of the contract for a specified period of time. A security-backed contract has similar characteristics as a traditional investment contract and is comprised of two parts: the first part is a fixed-income security or portfolio of fixed-income securities; the second part is a contract value guarantee (wrapper) provided by a third party. Wrappers provide contract value payments for certain participant-initiated withdrawals and transfers, a floor crediting rate, and return of fully accrued contract value at maturity.

**Notes Receivable from Participants**
Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan agreement. Interest income is recorded on the accrual basis.

**Payment of Benefits**
Benefits are recorded when paid.

**Estimates**
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

## NOTE 3 - INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Wells Fargo Bank, N.A., the trustee of the Plan, has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2015 and 2014 and the related investment activity reflected in the statements of changes in net assets available for benefits for the years then ended. The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

## NOTE 4 - FAIR VALUE MEASUREMENTS

The Plan complies with Financial Accounting Standards Board Accounting Standards Codification Topic 820, *Fair Value Measurements and Disclosures* (ASC 820). ASC 820 defines fair value, establishes a consistent framework for measuring fair value, and expands disclosure requirements for fair value measurements. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

Under ASC 820, assets and liabilities are grouped into three levels, based on the markets in which the assets and liabilities are traded and the reliability of the assumptions used to determine fair value. These levels are:

- Level 1 – Valuation is based upon quoted prices for identical instruments traded in active markets.

- Level 2 – Valuation is based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market.
- Level 3 – Valuation is generated from model-based techniques that use significant assumptions not observable in the market. These unobserved assumptions reflect plan management's own estimates of assumptions that market participants would use in pricing the asset or liability. Valuation techniques include use of option pricing models, discounted cash flow models, and similar techniques.

Under ASC 820, the Plan bases fair values on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements for assets and liabilities where there exists limited or no observable market data and, therefore, are based primarily upon the Plan's estimates, are often calculated based on current pricing policy, the economic and competitive environment, the characteristics of the asset or liability, and other such factors. Therefore, the results cannot be determined with precision and may not be realized in an actual sale or immediate settlement of the asset or liability. Additionally, there may be inherent weaknesses in any calculation technique, and changes in the underlying assumptions used, including discount rates and estimates of future cash flows, that could significantly affect the results of current or future values.

The following is a description of the valuation methodologies used for assets measured at fair value:

*Mutual Funds*: Valued at the net asset value (NAV) of shares held by the Plan at year end.

*Self-Directed Funds:* Valued at the total of the ending balances of participants' accounts, which approximates fair value since the underlying investments principally consist of mutual funds, common stocks, money market funds, and bond funds.

*Common Collective Trust Funds:* Valuation of the funds' units occurs daily. Unit values are determined by dividing the value of each fund's net assets by the total number of participants' units outstanding on the valuation date. The funds' investments held in other collected funds are valued on the basis of market valuations, where available, as provided by independent pricing services. Securities for which market valuations are not readily available are valued at fair value as determined by Wells Fargo Bank, N.A. Market valuations are generally determined as follows:

- Securities traded on security exchanges are valued at closing market prices on the valuation date.
- Securities traded on the over-the-counter market are valued at the last sale on the valuation date, if any, otherwise at the last reported price.
- Government and agency obligations are valued based upon the most recent bid quotation for identical or similar obligations
- Fixed income securities are valued based upon the most recent bid quotation from major market makers or security exchanges.

Participants' purchases and redemptions of units from each fund are based on unit values as of the valuation date. Purchases and redemptions of units may occur on a daily basis.

The common collective trust funds are primarily made up of investment funds that invest in the equity securities of companies that compose the S&P 500 Index.

The stable value fund is a collective trust fund sponsored by the trustee. Value is based on the contract value of shares held by the Plan at year end. The contract values of underlying investments are determined using the discounted cash flow method based on current yields of similar instruments with comparable durations and approximates fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Fair value measurements for assets recorded at fair value on a recurring basis at December 31, 2015 are as follows:

| Description | Level 1 | Level 2 | Level 3 | Total Fair Value |
|---|---|---|---|---|
| Mutual funds | $ 15,047,045 | $ - | $ - | $ 15,047,045 |
| Common collective trust funds | - | 3,553,741 | - | 3,553,741 |
| Self-directed funds | 2,003,512 | - | - | 2,003,512 |
| *Total* | $ 17,050,557 | $ 3,553,741 | $ - | $ 20,604,298 |

Fair value measurements for assets recorded at fair value on a recurring basis at December 31, 2014 are as follows:

| Description | Level 1 | Level 2 | Level 3 | Total Fair Value |
|---|---|---|---|---|
| Mutual funds | $ 15,285,339 | $ - | $ - | $ 15,285,339 |
| Common collective trust funds | - | 3,507,696 | - | 3,507,696 |
| Self-directed funds | 2,245,419 | - | - | 2,245,419 |
| *Total* | $ 17,530,758 | $ 3,507,696 | $ - | $ 21,038,454 |

## NOTE 5 - PLAN TERMINATION

Although they have expressed no intention to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA and any collective bargaining agreements in effect at the time. In the event of Plan termination, all participants will become 100% vested in their accounts.

## NOTE 6 - 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.

## NOTE 7 - RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds and common collective trust funds managed by Wells Fargo Bank, N.A., the Plan's trustee. Therefore, these transactions qualify as party-in-interest transactions and are denoted as such on the supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year).

## NOTE 8 - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through August 16, 2016, the date at which the financial statements were available to be issued.

Effective January 1, 2016, the Plan was amended to include an auto-enrollment provision whereby all eligible employees are automatically enrolled in the Plan unless they elect not to participate.

SUPPLEMENTAL SCHEDULES

**PRIMARY CARE PARTNERS, INC. 401(K) PROFIT SHARING PLAN**

SCHEDULE H, LINE 4A - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EMPLOYER IDENTIFICATION NUMBER 84-1456669

PLAN NUMBER 001

December 31, 2015

| | Total that Constitutes Nonexempt Prohibited Transactions | | | |
|---|---|---|---|---|
| Participant Contributions Transferred Late to Plan | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | Total Fully Corrected Under VFCP and PTE 2002-51 |
| Check here if Late Participant Loan Repayments are included: ☐ | $ - | $ 1 | $ - | $ - |

**PRIMARY CARE PARTNERS, INC. 401(K) PROFIT SHARING PLAN**

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

EMPLOYER IDENTIFICATION NUMBER 84-1456669

PLAN NUMBER 001

December 31, 2015

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | (e) Current Value |
|---|---|---|---|
| * | Wells Fargo Advantage Dow Jones Target 2020 R6 | Mutual fund | $ 3,628,292 |
| * | Wells Fargo Advantage Dow Jones Target 2030 R6 | Mutual fund | 3,158,731 |
| * | Wells Fargo BlackRock S&P 500 Index CIT N | Common/Collective fund | 2,892,984 |
| * | Wells Fargo Advantage Dow Jones Target 2040 R6 | Mutual fund | 1,811,415 |
| | American Funds Europacific Growth R6 | Mutual fund | 936,898 |
| | Artisan Mid-Cap Value Institutional | Mutual fund | 930,079 |
| | Pimco Total Return Institutional | Mutual fund | 792,986 |
| * | Wells Fargo Advantage Small Cap Value Institutional | Mutual fund | 662,539 |
| * | Wells Fargo Stable Return Fund N | Common/Collective fund | 640,404 |
| | JP Morgan Mid Cap Growth R5 | Mutual fund | 592,861 |
| | Invesco Small Cap Growth Fund R6 | Mutual fund | 550,488 |
| * | Wells Fargo Advantage Dow Jones Target 2050 R6 | Mutual fund | 539,291 |
| | MFS Value Fund R3 | Mutual fund | 445,156 |
| | Janus Forty I | Mutual fund | 412,932 |
| * | Wells Fargo Advantage Dow Jones Target Today R6 | Mutual fund | 262,659 |
| | Dreyfus Small Cap Stock Index Fund | Mutual fund | 127,683 |
| | Columbia Mid Cap Index R5 | Mutual fund | 80,718 |
| * | Wells Fargo Advantage Dow Jones Target 2010 R6 | Mutual fund | 73,713 |
| | Vanguard Developed Markets Index Fund Admiral | Mutual fund | 36,352 |
| * | Wells Fargo / MFS Value CIT AT | Common/Collective fund | 4,550 |
| * | Wells Fargo / Black Rock S&P 500 Index CIT TR | Common/Collective fund | 4,276 |
| * | Wells Fargo / Black Rock International Equity Index CIT TR | Common/Collective fund | 1,946 |
| * | Wells Fargo / T Rowe Price Institutional LCG Managed CIT TR | Common/Collective fund | 1,784 |
| * | Wells Fargo Causeway International Value CIT TR | Common/Collective fund | 1,688 |
| | Harbor International Institutional | Mutual fund | 1,584 |
| * | Wells Fargo / Black Rock S&P MidCap Index CIT TR | Common/Collective fund | 1,364 |
| * | Wells Fargo / Multi-Manager Sm Cap CIT TR | Common/Collective fund | 1,184 |
| | Acadian Emerging Markets Institutional - TR | Mutual fund | 1,122 |
| | Northern Global Real Estate Index- TR | Mutual fund | 996 |
| * | Wells Fargo / Black Rock US Aggregate Bond Index CIT TR | Common/Collective fund | 775 |
| * | Wells Fargo / T Rowe Price Institutional Equity Inc Managed CIT TR | Common/Collective fund | 686 |
| * | Wells Fargo Core Bond CIT TR | Common/Collective fund | 661 |
| * | Wells Fargo / Dodge & Cox Intermediate Bond CIT TR | Common/Collective fund | 552 |
| * | Wells Fargo International Bond CIT TR | Common/Collective fund | 497 |
| * | Wells Fargo / Black Rock Russell 2000 Index CIT TR | Common/Collective fund | 389 |
| | PIMCO High Yield I - TR | Mutual fund | 301 |
| | PIMCO Real Return/Institutional - TR | Mutual fund | 250 |
| | Self Directed Funds | Mutual Funds, Equities, and Money Market Funds | 2,003,512 |
| * | Participant Loans | Loans, ranging 1-20 years maturity with interest rates of 3.25% to 3.50% | 615,294 |
| | | | $ 21,219,592 |

* Denotes a party-in-interest to the Plan.