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
MIDWEST ANESTHESIA PARTNERS LLC 401(K) P/S

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1995

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)
MIDWEST ANESTHESIA PARTNERS LLC

40 SHUMAN BLVD.
SUITE 275
NAPERVILLE, IL 60563

2b Employer Identification Number (EIN) 36-4093188

2c Plan Sponsor's telephone number 630-868-2200

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.	10/12/2016	DONALD JONES
	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	36-3894708
a Sponsor's name MIDWEST ANESTHESIA PARTNERS LTD.	**4c** PN	001
5 Total number of participants at the beginning of the plan year	**5**	144
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)**	137
a(2) Total number of active participants at the end of the plan year	**6a(2)**	164
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	17
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	181
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	181
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	169
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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 2T 2J 2K 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)** [ ] **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 Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
MIDWEST ANESTHESIA PARTNERS LLC 401(K) P/S

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MIDWEST ANESTHESIA PARTNERS LLC

D Employer Identification Number (EIN)
36-4093188

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

CHARLES SCHWAB TRUST COMPANY
211 MAIN STREET
SAN FRANCISCO, CA 94105

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

HUBER FINANCIAL
475 HALF DAY
SUITE 210
LINCOLNSHIRE, IL 60089

(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)

HUBER FINANCIAL

475 HALF DAY
SUITE 210
LINCOLNSHIRE, IL 60089

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	26978	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ASCENSUS

11-3665754

(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?
37 64 99 15 60 50	NONE	780	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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 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
MIDWEST ANESTHESIA PARTNERS LLC 401(K) P/S

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MIDWEST ANESTHESIA PARTNERS LLC

D Employer Identification Number (EIN)
36-4093188

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	259499	424077
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	279150	366202
(2) Participant contributions	1b(2)		185090
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2089952	856698
(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)	111835	133425
(9) Value of interest in common/collective trusts	1c(9)		
(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)	37961781	40958079
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	8414536	12738408

			(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	49116753	55661979
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	5787	334867
k	Total liabilities (add all amounts in lines 1g through1j)	1k	5787	334867
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	49110966	55327112

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)	3423456	
	(B) Participants	2a(1)(B)	2317562	
	(C) Others (including rollovers)	2a(1)(C)	2321716	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		8062734
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)	0	
	(E) Participant loans	2b(1)(E)	6961	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6961
	(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)	1259029	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1259029
	(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)		
(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)		-1860659
c Other income	2c		-434602
d Total income. Add all **income** amounts in column (b) and enter total	2d		7033463
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	788847	
(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)		788847
f Corrective distributions (see instructions)	2f		
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)	28470	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		28470
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		817317
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		6216146
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: MAYER HOFFMAN MCCANN P.C **(2)** EIN: 43-1947695

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		
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			500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n				
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
MIDWEST ANESTHESIA PARTNERS LLC 401(K) P/S

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MIDWEST ANESTHESIA PARTNERS LLC

D Employer Identification Number (EIN)
36-4093188

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): 94-3149038

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

MIDWEST ANESTHESIA PARTNERS, LLC 401(K) PROFIT-SHARING PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

December 31, 2015 and 2014 and the
Year Ended December 31, 2015

Mayer Hoffman McCann P.C.
An Independent CPA Firm

225 West Wacker Drive, Suite 2500 ▪ Chicago, Illinois 60606
Main: 312.602.6800 ▪ Fax: 312.602.6950 ▪ www.mhmcpa.com

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator

MIDWEST ANESTHESIA PARTNERS, LLC 401(K) PROFIT-SHARING PLAN

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Midwest Anesthesia Partners, LLC 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 statement of changes in net assets available for benefits for the year ended December 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit 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, 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 Charles Schwab Bank, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodian as of December 31, 2015 and 2014, and for the year ended December 31, 2015, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

KRESTON Member of Kreston International – a global network of independent accounting firms

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2015, is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Mayer Hoffman McCann P.C.

Chicago, Illinois
October 12, 2016

MIDWEST ANESTHESIA PARTNERS, LLC 401(K) PROFIT-SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2015 and 2014

	2015	2014
ASSETS		
Cash	$ 424,077	$ 259,499
Investments at fair value	54,553,185	48,466,269
Receivables:		
Employer contributions	366,202	279,150
Participants' contributions	185,090	-
Notes receivable from participants	133,425	111,835
	684,717	390,985
TOTAL ASSETS	55,661,979	49,116,753
LIABILITIES		
Pending trades	334,867	5,787
NET ASSETS AVAILABLE FOR BENEFITS	$ 55,327,112	$ 49,110,966

See Notes to Financial Statements

MIDWEST ANESTHESIA PARTNERS, LLC 401(K) PROFIT-SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2015

ADDITIONS	
Investment income:	
Net depreciation in fair value of investments	$ (2,295,261)
Dividends	1,259,029
	(1,036,232)
Interest income on notes receivable from participants	6,961
Contributions:	
Employer	3,423,456
Participants	2,317,562
Rollover	2,321,716
	8,062,734
TOTAL ADDITIONS	7,033,463
DEDUCTIONS	
Benefits paid to participants	788,847
Administrative expenses	28,470
TOTAL DEDUCTIONS	817,317
NET INCREASE	6,216,146
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	49,110,966
End of year	$ 55,327,112

See Notes to Financial Statements

(1) Description of plan

The following description of the Midwest Anesthesia Partners, LLC 401(k) Profit-Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan document or Summary Plan Description for a more complete description of the Plan's provisions, which are available from the plan administrator.

General - The Plan is a defined contribution plan sponsored by Midwest Anesthesia Partners, LLC (the "Company") for the benefit of its employees. Effective January 1, 2014, employees previously employed by Northwest Suburban Anesthesiologists, Ltd. were allowed to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective October 1, 2015, the Ascensus Basic Plan Document was amended and restated, which required amendment and restatement of the Plan's previously executed adoption agreement. On this date, employees previously employed by United Anesthesia Associates S.C. and Lincoln Park Anesthesia and Pain Management, Ltd. were allowed to participate in the Plan. The plan sponsor also changed its name on this date to Midwest Anesthesia Partners, LLC.

Contributions - Participants may contribute up to 100% of annual compensation as pre-tax or Roth contributions, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Additionally, participants age 50 or older, who are making contributions to the Plan, are allowed to make catch-up contributions as defined in the Plan. Participants direct the investment of all contributions into various investment options offered by the Plan. Company matching contributions are discretionary as determined by the Company's management. The employer may also make profit-sharing contributions as determined based on an integrated formula which considers an employee's taxable wage base. Additional amounts may be contributed at the option of the Company. Contributions are subject to certain Internal Revenue Code ("IRC") limitations.

Participant investment account options - The Plan currently offers 26 mutual funds and a self-directed brokerage account as investment options for participants. Participants may purchase shares of mutual funds, common stocks, and exchange-traded funds not offered by the Plan through the brokerage account.

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

Vesting - Participants are 100% vested immediately in their voluntary contributions, as well as the Company matching and profit-sharing contributions, plus actual earnings thereon.

(1) **Description of plan (continued)**

Notes receivable from participants - Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the plan administrator. Principal and interest are paid ratably through payroll deductions.

Payment of benefits - On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or a partial payment. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

(2) **Summary of significant accounting policies**

Basis of accounting - The financial statements of the Plan are prepared under the accrual method of accounting.

Use of estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment valuation and income recognition - 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. The Plan's management determines the Plan's valuation policies utilizing information provided by the investment custodian. See Note 4 for discussions 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 depreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Notes receivable from participants - Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2015 or 2014.

Payment of benefits - Benefits are recorded when paid.

(2) Summary of significant accounting policies (continued)

Administrative expenses - Certain expenses of the Plan are paid by the Company and are not included in the statement of changes in net assets available for benefits. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net depreciation in fair value of investments.

New accounting pronouncements - In May 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2015-07, *Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. The ASU removes the requirement to categorize within the fair value hierarchy investments for which fair values are estimated using the net asset value per share as a practical expedient provided by FASB Accounting Standards Codification ("ASC") 820, *Fair Value Measurement*. Disclosures about investments in certain entities that calculate net asset value per share are limited under this ASU to investments for which the entity has elected to estimate the fair value using the net asset value practical expedient. The guidance requires retrospective application and is effective for public business entities for fiscal years, and interim periods within those years, beginning after December 15, 2015. For all other entities, guidance is effective for fiscal years, and interim periods within those years, beginning after December 15, 2016. Early adoption is permitted. ASU 2015-07 is not applicable to the Plan.

In July 2015, the FASB issued ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. Part I of the ASU eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit-responsive investment contracts. Part II of this ASU eliminates the requirements to disclose individual investments that represent 5% or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. It also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics, and risk. Further, the disclosure of information about fair value measurements shall be provided by general type of plan. Part III of this ASU allows a plan with a fiscal year end that does not coincide with the end of a calendar month to measure its investments and investment-related accounts using the month end closest to its fiscal year end. The guidance is effective for fiscal years beginning after December 15, 2015, and early adoption is permitted. The guidance on fully benefit-responsive investment contracts and plan investment disclosures must be applied retrospectively. The guidance on measurement date practical expedient must be applied prospectively. The Plan's management has elected to early adopt ASU 2015-12 Part II. The statement of changes in net assets available for benefits of the Plan was not affected by the adoption of the new guidance. Parts I and III are not applicable to the Plan.

(2) **Summary of significant accounting policies (continued)**

Reclassification - Certain items from the 2014 financial statements have been reclassified to conform with the 2015 presentation. Such reclassifications had no effect on the total net assets available for benefits.

(3) **Information prepared and certified by the custodian**

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Charles Schwab Bank, the custodian of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate with respect to investments:

- Cash
- Investments at fair value
- Net depreciation in fair value of investments
- Dividends
- Schedule of assets (held at end of year)

The Plan's independent public 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.

(4) **Fair value measurements**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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

Level 2 — Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

(4) Fair value measurements (continued)

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2015 and 2014.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily Net Asset Value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Self-directed brokerage account: Investments held by the self-directed brokerage account are mutual funds, common stocks, and exchange-traded funds. Common stocks and exchange-traded funds are valued at the closing price reported on the active market on which the individual securities are traded.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2015 and 2014:

	Investments at Fair Value as of December 31, 2015			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 41,814,777	$ -	$ -	$ 41,814,777
Self-directed brokerage account	12,738,408	-	-	12,738,408
Total investments at fair value	$ 54,553,185	$ -	$ -	$ 54,553,185

	Investments at Fair Value as of December 31, 2014			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 40,051,733	$ -	$ -	$ 40,051,733
Self-directed brokerage account	8,414,536	-	-	8,414,536
Total investments at fair value	$ 48,466,269	$ -	$ -	$ 48,466,269

(5) **Related party transactions and party-in-interest transactions**

Certain Plan investments are shares of mutual funds managed by Charles Schwab Bank ("Charles Schwab"). Charles Schwab is the custodian as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net depreciation in fair value of investments, as they are paid through revenue sharing, rather than a direct payment. As described in Note 2, the Plan made direct payments to the investment advisor of $26,978 for the year ended December 31, 2015, which were not covered by revenue sharing. The Plan also paid certain expenses related to the Plan's operations and investment activity to various service providers. These transactions are party-in-interest transactions. The plan sponsor pays directly any other fees related to the Plan's operations.

Certain plan investments are loans to participant employees of the Company, and therefore, these transactions are considered party-in-interest transactions.

The Plan also offers a self-directed brokerage account through Charles Schwab.

(6) **Plan termination**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

(7) **Tax status**

The Internal Revenue Service ("IRS") has determined that the prototype 401(k) profit-sharing plan is designed in accordance with applicable sections of the IRC and informed the custodian of such in a letter dated March 31, 2014. Although the Plan has been amended since receiving the opinion letter, the plan administrator believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2012.

(8) **Risks and uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risk. 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.

(9) **Subsequent events**

The Plan has evaluated subsequent events through October 12, 2016, which is the date the financial statements were available to be issued, and noted the following item for disclosure:

Effective July 14, 2016, the Plan adopted the Charles Schwab prototype 401(k) profit sharing plan, changed its record keeper to Schwab Retirement Plan Services, Inc., and changed its trustee to Charles Schwab Bank.

SUPPLEMENTAL SCHEDULE

MIDWEST ANESTHESIA PARTNERS, LLC 401(K) PROFIT-SHARING PLAN

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

December 31, 2015

EIN: 36-4093188
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	American Funds	American Funds Europacific Growth Fund - A	(1)	$ 1,358,661
		American Funds Growth Fund of America - A	(1)	3,237,789
		American Funds SMALLCAP World Fund - A	(1)	420,991
	Columbia	Columbia Acorn Fund - Z	(1)	461,671
	Dimensional Fund Advisors	DFA Emerging Markets Core Equity Fund - I	(1)	1,036,289
		DFA Emerging Markets Value Fund - I	(1)	1,171,489
		DFA Global Real Estate Securities Fund - I	(1)	1,911,750
		DFA Intermediate Government Fixed-Income Fund - I	(1)	303,741
		DFA International Small Cap Value Fund - I	(1)	2,013,008
		DFA International Value Fund - I	(1)	1,939,476
		DFA U.S. Large Cap Value Fund - I	(1)	5,630,113
		DFA U.S. Small Cap Fund - I	(1)	1,276,249
		DFA U.S. Targeted Value Fund - I	(1)	2,779,246
	First Eagle	First Eagle Overseas Fund - A	(1)	297,770
	Ivy Funds	Ivy Asset Strategy Fund - I	(1)	208,644
	PIMCO	PIMCO All Asset Fund - Instl	(1)	411,311
		PIMCO Commodity Real Return Strategy Fund - Instl	(1)	179,208
		PIMCO Investment Grade Corporate Bond Fund - Instl	(1)	998,760
		PIMCO Total Return Fund - Instl	(1)	4,647,787
*	Charles Schwab	Schwab Government Money Fund	(1)	856,698
		Personal Choice Retirement Account	(1)	12,738,408
	Vanguard	Vanguard Inflation-Protected Securities Fund - Inv	(1)	1,457,575
		Vanguard International Explorer Fund - Inv	(1)	1,009,595
		Vanguard REIT Index Fund - Inv	(1)	1,104,980
		Vanguard Small Cap Growth Index Fund - Inv	(1)	1,127,780
		Vanguard Total Bond Market Index - Inv	(1)	2,291,014
		Vanguard 500 Index Fund - Inv	(1)	3,683,182
				54,553,185
*	Participant loans	Interest rates at 5.25%		133,425
				$ 54,686,610

* Party-in-interest as defined by ERISA

(1) Cost information may be omitted for plan assets which are participant-directed.

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
- ☒ a single-employer plan;
- ☐ a DFE (specify) ___

B This return/report is:
- ☐ the first return/report;
- ☐ the final return/report;
- ☐ an amended return/report;
- ☐ a short plan year return/report (less than 12 months).

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

D Check box if filing under:
- ☒ Form 5558;
- ☐ automatic extension;
- ☐ the DFVC program;
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MIDWEST ANESTHESIA PARTNERS LLC 401(K) P/S

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1995

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)
MIDWEST ANESTHESIA PARTNERS LLC

40 SHUMAN BLVD.
SUITE 275
NAPERVILLE IL 60563

2b Employer Identification Number (EIN) 36-4093188

2c Plan Sponsor's telephone number (630) 868-2200

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	Donald Jones	10/12/16	DONALD JONES
	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	36-3894708
a Sponsor's name MIDWEST ANESTHESIA PARTNERS LTD.	**4c** PN	001
5 Total number of participants at the beginning of the plan year	**5**	144
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)**	137
a(2) Total number of active participants at the end of the plan year	**6a(2)**	164
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	17
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	181
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	181
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	169
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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 2T 2J 2K 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		**b General Schedules**	
(1)	[X] **R** (Retirement Plan Information)	(1)	[X] **H** (Financial Information)
(2)	[ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2)	[ ] **I** (Financial Information – Small Plan)
		(3)	[ ] **A** (Insurance Information)
		(4)	[X] **C** (Service Provider Information)
(3)	[ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5)	[ ] **D** (DFE/Participating Plan Information)
		(6)	[ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2015** **This Form is Open to Public Inspection**

For calendar plan year 2015 or fiscal plan year beginning and ending

A Name of plan	**B** Three-digit plan number (PN) ▶
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f		
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		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l		

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(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)		
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(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)		
f Corrective distributions (see instructions)	2f		
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)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		

Net Income and Reconciliation

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

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: **(2)** EIN:

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				
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				

			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				
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				
e	Was this plan covered by a fidelity bond?	4e				
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f				
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g				
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h				
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i				
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j				
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k				
l	Has the plan failed to provide any benefit when due under the plan?	4l				
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m				
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n				
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

Attachment to 2015 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MIDWEST ANESTHESIA PARTNERS LLC 401(K) P/S **EIN:** 36-4093188
Plan Sponsor's Name MIDWEST ANESTHESIA PARTNERS LLC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	American Funds	American Funds EuroPacific Growth Fund A	0	1,358,269
	American Funds	American Funds Growth Fund of America A	0	3,074,535
	American Funds	American Funds SMALLCAP World Fund A	0	420,965
	Columbia	Columbia Acorn Z	0	461,175
	DFA	DFA Emerging Markets Core Equity I	0	1,035,805
	DFA	DFA Emerging Markets Value Portfolio I	0	1,171,205
	DFA	DFA Global Real Estate Securities	0	1,911,486

Attachment to 2015 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MIDWEST ANESTHESIA PARTNERS LLC 401(K) P/S **EIN:** 36-4093188
Plan Sponsor's Name MIDWEST ANESTHESIA PARTNERS LLC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	DFA	DFA Intl Small Cap Value Portf Instl	0	2,012,589
	DFA	DFA International Value Portfolio I	0	1,939,034
	DFA	DFA U.S. Large Cap Value Portfolio I	0	5,628,712
	DFA	DFA U.S. Small Cap Portfolio I	0	1,194,712
	DFA	DFA U.S. Targeted Value Portfolio I	0	2,778,715
	First Eagle	First Eagle Overseas Fund A	0	297,637
	PIMCO	PIMCO Commodity Real Ret Strat Instl	0	179,171

Attachment to 2015 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MIDWEST ANESTHESIA PARTNERS LLC 401(K) P/S **EIN:** 36-4093188
Plan Sponsor's Name MIDWEST ANESTHESIA PARTNERS LLC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	PIMCO	PIMCO Total Return Instl	0	4,646,092
	Vanguard	Vanguard 500 Index Inv	0	3,682,542
	Vanguard	Vanguard Inflation-Protected Sec Inv	0	1,456,979
	Vanguard	Vanguard International Explorer Inv	0	1,009,566
	Vanguard	Vanguard Small-Cap Growth Index Inv	0	1,046,478
	Schwab CSTC	Schwab Government Money Fund	0	856,698
	Vanguard	Vanguard Total Bond Market Index Inv	0	2,290,799

Attachment to 2015 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MIDWEST ANESTHESIA PARTNERS LLC 401(K) P/S **EIN:** 36-4093188
Plan Sponsor's Name MIDWEST ANESTHESIA PARTNERS LLC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	DFA	DFA Intrmd Govt Fixed Income Port I	0	303,741
	Ivy	Ivy Asset Strategy I	0	208,504
	PIMCO	PIMCO All Asset Instl	0	411,104
	Vanguard	Vanguard REIT Index Inv	0	1,104,770
	PIMCO	PIMCO Investment Grade Corp Bond Instl	0	998,626
	PCRA	PCRA Money Market	0	2,412,444
	PCRA	PCRA Secondary Money Market	0	2,725

Attachment to 2015 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MIDWEST ANESTHESIA PARTNERS LLC 401(K) P/S **EIN:** 36-4093188
Plan Sponsor's Name MIDWEST ANESTHESIA PARTNERS LLC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	DISCOVER	DISCOVER BK GREENWOOD DEL	0	110,285
	AMERICAN EXPRESS	AMER EXPRSS CNTRN	0	111,050
	AMERICAN EXPRESS	AMERN EXPRESS BK	0	111,184
	GOLDMAN SACHS	GOLDMAN SACHS BK	0	111,024
	DFA	GOLDMAN SACHS BK	0	109,031
	A T & T	A T & T INC NEW	0	3,500
	ABBOTT	ABBOTT LABORATORIES	0	53,443

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	ABBVIE	ABBVIE INC	0	44,430
	ACE	ACE LIMITED NEW	0	5,258
	ALEXION	ALEXION PHARMA INC	0	5,532
	ALIBABA	ALIBABA GROUP HLDG A	0	40,635
	ALLSTATE	ALLSTATE CORP	0	5,216
	ALLY	ALLY FINANCIAL INC	0	3,970
	AMERICAN	AMERICAN AIRLS GROUP	0	4,235

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	AMERICAN	AMERICAN ELEC PWR INC	0	4,778
	AMERICANSOURCE	AMERISOURCEBERGEN CORP	0	4,460
	AMGEN	AMGEN INCORPORATED	0	4,545
	AMSURG	AMSURG CORP	0	5,092
	AMTRUST	AMTRUST FINL SVCS	0	6,158
	APPLE	APPLE INC	0	64,994
	AVERY	AVERY DENNISON CORP	0	4,887

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	BANK OF NEW YORK	BANK OF NEW YORK CO NEW	0	4,452
	BACTON	BECTON DICKINSON & CO	0	5,393
	BERKSHIRE	BERKSHIRE HATHAWAY B NEW	0	49,779
	BIOGEN	BIOGEN INC	0	49,016
	BP PLC	BP PLC F	0	4,689
	CANADIAN	CANADIAN NATL RY CO	0	45,263
	CARDINAL	CARDINAL HEALTH INC	0	4,821

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

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	CAVIUM	CAVIUM INC	0	7,425
	CERNER	CERNER CORP	0	3,008
	CHEVRON	CHEVRON CORPORATION	0	2,699
	CHICAGO	CHICAGO BRDG & IRON NY	0	3,899
	CISCO	CISCO SYSTEMS INC	0	4,155
	COGNIZANT	COGNIZANT TECH SOL CL A	0	43,214
	COMCAST	COMCAST CORP NEW CL A	0	9,043

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	CONCHO	CONCHO RESOURCES INC	0	4,921
	CVS	CVS HEALTH CORPORATION	0	40,077
	DR PEPPER	DR PEPPER SNAPPLE GROUP	0	5,685
	E-TRADE	E-TRADE FINANCIAL CP	0	4,772
	ENERGY	ENERGY TRANSFER PARTNERS	0	3,459
	EXXON	EXXON MOBIL CORPORATION	0	2,728
	FASTENAL	FASTENAL COMPANY	0	56,331

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	FIRST	FIRST SOLAR INC	0	5,807
	F5 NETWORKS	F5 NETWORKS INC	0	53,328
	GENERAL DYNAMICS	GENERAL DYNAMICS CORP	0	4,533
	GENTEX	GENTEX CORP	0	46,429
	GENUINE	GENUINE PARTS CO	0	55,399
	GILEAD	GILEAD SCIENCES INC	0	53,673
	GOLDCORP	GOLDCORP INC NEW	0	3,468

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	GOODYEAR	GOODYEAR TIRE & RUBR CO	0	4,966
	HALLIBURTON	HALLIBURTON CO HLDG CO	0	5,004
	HERON	HERON THERAPEUTICS INC	0	13,350
	HEWLETT	HEWLETT PACKARD ENTERPRISE C	0	3,040
	HOME	HOME DEPOT INC	0	4,893
	HP INC	HP INC	0	2,368
	INTEL	INTEL CORP	0	4,582

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	J P MORGAN	J P MORGAN CHASE & CO	0	9,350
	KIMBERLY-CLARK	KIMBERLY-CLARK CORP	0	5,347
	KROGER	KROGER CO	0	5,438
	LAM	LAM RESH CORP	0	4,527
	LAZARD	LAZARD LTD	0	5,266
	LINCOLN	LINCOLN NATL CORP IND	0	6,068
	LYONDELLBASELL	LYONDELLBASELL INDS	0	4,345

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	M G M	M G M GRAND	0	4,794
	MERCK	MERCK & CO INC	0	5,282
	MICROSOFT	MICROSOFT CORP	0	5,382
	MOHAWK	MOHAWK INDS INC	0	5,303
	NASDAQ	NASDAQ OMX GROUP INC	0	8,578
	NIKE	NIKE INC	0	5,000
	NISOURCE	NISOURCE INC	0	4,741

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

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	NORTHERN	NORTHERN TR CORP	0	5,190
	O REILLY	O REILLY AUTOMOTIVE NEW	0	13,431
	PACIRA	PACIRA PHARMACEUTICALS	0	25,725
	PARKER	PARKER HANNIFIN CORP	0	4,300
	PRAXAIR	PRAXAIR	0	35,669
	PRICELINE	PRICELINE GROUP, INC	0	57,373
	QUINTILES	QUINTILES TRANSNATL	0	7,964

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	RACKSPACE	RACKSPACE HOSTING INC	0	2,532
	REGAL	REGAL ENTERTAINMENT GRP	0	5,434
	REYNOLDS	REYNOLDS AMERICAN INC	0	5,030
	ROWE	ROWE T PRICE GROUP INC	0	52,188
	SALESFORCE	SALESFORCE COM	0	16,621
	SKYWORKS	SKYWORKS SOLUTIONS INC	0	3,842
	SOUTHWEST	SOUTHWEST AIRLS CO	0	4,995

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	STATOIL	STATOIL ASA ADR	0	2,778
	STERIS	STERIS PLC	0	7,921
	STRYKER	STRYKER CORP	0	76,844
	SVB FINANCIAL	SVB FINANCIAL GROUP INC	0	6,896
	T J X	T J X COS INC	0	46,801
	TESORO	TESORO PETE CORP	0	4,847
	TEXAS	TEXAS CAPITAL BANCSHARES	0	6,564

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	TOTAL FINA	TOTAL FINA S A ADR F	0	2,697
	TOTAL SYSTEMS	TOTAL SYSTEMS SERVIC	0	4,582
	TRACTOR	TRACTOR SUPPLY CO	0	5,130
	TRAVELERS	TRAVELERS COMPANIES INC	0	4,740
	UNITED	UNITED PARCEL SERVICE B	0	43,785
	VALERO	VALERO ENERGY CORP NEW	0	6,222
	VERIFONE	VERIFONE HLDGS INC	0	2,802

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	WABTEC	WABTEC CORP	0	41,249
	ZAYO	ZAYO GROUP HOLDINGS	0	5,717
	AMERICAN	AMERICAN HOMES 4 REN	0	5,581
	CURRENCYSHARES	CURRENCYSHARES CANADIAN DOLLAR ETF	0	6,379
	CURRENCYSHARES	CURRENCYSHARES JAPANESE YEN ETF	0	6,934
	ENERGY	ENERGY SELECT SECTOR SPDR ETF	0	38,330
	ISHARES	ISHARES CORE S&P SMALL-CAP	0	25,325

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	ISHARES	ISHARES GOLD TRUST	0	1,790
	ISHARES	ISHARES IBOXX $ HIGH YIELD CORP BD	0	7,172
	ISHARES	ISHARES JPMORGAN USD EMERG MKTS BOND	0	5,183
	ISHARES	ISHARES MSCI CANADA	0	7,310
	ISHARES	ISHARES MSCI EAFE GROWTH	0	47,468
	ISHARES	ISHARES MSCI EAFE VALUE	0	47,497
	ISHARES	ISHARES MSCI EMERGING MARKETS	0	12,618

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	ISHARES	ISHARES S&P 500 GROWTH	0	9,843
	ISHARES	ISHARES SILVER TRUST	0	1,319
	ISHARES	ISHARES US PREFERRED STOCK	0	13,326
	ISHARES	ISHARES 1-3 YEAR CREDIT BOND	0	5,544
	ISHARES	ISHARES 3-7 YEAR TREASURY BOND	0	19,005
	ISHARES	ISHARES 7-10 YEAR TREASURY BOND	0	47,832
	OPPENHEIMER	OPPENHEIMER REV WGHTD	0	8,531

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	POWERSHRS	POWERSHRS DB US DLR INDX BULLISH ETF	0	2,257
	PROSHARES	PROSHARES SHORT QQQ NEW	0	12,632
	SCHWAB	SCHWAB EMERGING MARKETS EQUITY ETF	0	12,503
	SCHWAB	SCHWAB INTERMEDIATE-TERM US TRS ETF	0	13,293
	SCHWAB	SCHWAB INTERNATIONAL EQUITY ETF	0	81,971
	SCHWAB	SCHWAB US AGGREGATE BOND ETF	0	3,095
	SCHWAB	SCHWAB US BROAD MARKET ETF	0	88,910

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	SCHWAB	SCHWAB US LARGE-CAP ETF	0	333,235
	SCHWAB	SCHWAB US MID-CAP ETF	0	64,223
	SCHWAB	SCHWAB US REIT ETF	0	79,467
	SCHWAB	SCHWAB US SMALL-CAP ETF	0	122,851
	SPDR	SPDR S&P 500 ETF	0	5,932
	UTILITIES	UTILITIES SELECT SECTOR SPDR ETF	0	6,709
	VANGUARD	VANGUARD FTSE ALL-WORLD EX-US ETF	0	3,994

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	VANGUARD	VANGUARD HIGH DIVIDEND YIELD ETF	0	24,230
	VANGUARD	VANGUARD INTRMEDIATE-TERM GVT BD ETF	0	3,480
	VANGUARD	VANGUARD REIT ETF	0	4,385
	VANGUARD	VANGUARD TOTAL BOND MARKET ETF	0	8,964
	VANGUARD	VANGUARD TOTAL INTERNATL STOCK ETF	0	6,676
	VANGUARD	VANGUARD TOTAL INTERNATNL BOND ETF	0	38,243
	VANGUARD	VANGUARD TOTAL STOCK MARKET ETF	0	6,041

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	WISDOMTREE	WISDOMTREE MIDCAP DIVIDEND ETF	0	2,415
	WISDOMTREE	WISDOMTREE US DIVIDEND GROWTH ETF	0	8,316
	WISDOMTREE	WISDOMTREE US SMALL	0	6,235
	AKRE	AKRE FOCUS FD RETAIL	0	37,630
	AMANA	AMANA GROWTH FUND INV	0	855,213
	AMERICAN	AMERICAN FUNDS NEW WORLD R5	0	495
	AMG	AMG MANAGERS SKYLINE SPECIAL EQ FUND	0	71,004

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	AQR	AQR INTL DEFENSIVE STYLE I	0	5,623
	AQR	AQR INTL MOMENTUM STYLE I	0	51,389
	AQR	AQR LG CAP DEFENSIVE STYLE I	0	29,911
	AQR	AQR LG CAP MOMENTUM STYLE I	0	116,854
	AQR	AQR MANAGED FUTURES STRATEGY I	0	158,399
	AQR	AQR MULTI STRATEGY AFD CL I	0	15,089
	AQR	AQR RISK PARITY FD CL I	0	29,568

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	AQR	AQR SM CAP MOMENTUM STYLE I	0	53,785
	AQR	AQR STYLE PREMIA ALTFD CL I	0	42,918
	BAIRD	BAIRD CORE PLUS BD INV	0	3,256
	BARON	BARON ENERGY & RESOURCES FD RETAIL	0	22,553
	BARON	BARON SMALL CAP FUND	0	23,539
	BLACKROCK	BLACKROCK STRAT INCM OPPTY PORT INST	0	38,402
	CALAMOS	CALAMOS CONV OPPORTNTY FD	0	3,964

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	CREDIT	CREDIT SUISSE HIGH YIELD	0	5,244
	DFA	DFA COMMODITY STRATEGY	0	57,012
	DFA	DFA EMERG MKTS CORE EQTY PORT INSTL	0	136,846
	DFA	DFA EMERGING MKTS PORT INSTL	0	4,663
	DFA	DFA EMERGING MKTS SM CAP PORT INSTL	0	12,235
	DFA	DFA EMERGING MKTS VALUE PORT INSTL	0	53,683
	DFA	DFA GLOBAL ALLOC 60/40 PORT INST CL	0	30,091

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	DFA	DFA GLOBAL REAL ESTATE SEC PORT	0	108,852
	DFA	DFA INTL CORE EQTY PORT INSTL	0	401,825
	DFA	DFA INTL LARGE CAP G	0	5,153
	DFA	DFA INTL REAL ESTATE SEC PORT INSTL	0	7,388
	DFA	DFA INTL SMALL CAP VALUE PORT INSTL	0	119,884
	DFA	DFA INTL SMALL CO PORT INSTL	0	5,243
	DFA	DFA INTL VALUE PORTFOLIO III	0	52,348

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	DFA	DFA INVESTMENT GRADE PORT INSTL	0	118,830
	DFA	DFA LARGE CAP VALUE PORTFOLIO III	0	116,066
	DFA	DFA REAL ESTATE SECURITIES PORT INST	0	28,183
	DFA	DFA SHORT DURATION REAL RETURN INTSL	0	30,846
	DFA	DFA US CORE EQTY 1 PORT INSTL	0	229,832
	DFA	DFA US CORE EQTY 2 PORT INSTL	0	751,240
	DFA	DFA US LARGE CAP GRO	0	6,251

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	DFA	DFA US SMALL CAP GRO	0	5,784
	DFA	DFA US SMALL CAP VALUE PORT INSTL	0	53,979
	DFA	DFA US TARGETED VALUE PORT INSTL	0	230,765
	DFA	DFA WORLD EX US CORE EQTY INSTL	0	236,882
	DNP	DNP SELECT INCOME FD	0	4,480
	DODGE & COX	DODGE & COX INTL STOCK FD	0	52,534
	DOUBLELINE	DOUBLELINE CORE FIXED INCM FD CL I	0	93,592

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MIDWEST ANESTHESIA PARTNERS LLC 401(K) P/S **EIN:** 36-4093188
Plan Sponsor's Name MIDWEST ANESTHESIA PARTNERS LLC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	DOUBLELINE	DOUBLELINE FLOATING RATE FD CL I	0	14,068
	DOUBLELINE	DOUBLELINE SHILLER E	0	309,946
	DOUBLELINE	DOUBLELINE SHILLER ENHNCD CAPE FD N	0	43,850
	DOUBLELINE	DOUBLELINE TOTAL RETURN BD FD CL N	0	145,227
	DOUBLELINE	DOUBLELINE TOTAL RETURNBD FD CL I	0	360,419
	EATON	EATON VANCE WORLDWIDE HLTH SCIENCE A	0	22,991
	FIDELITY	FIDELITY CONTRA FUND	0	132,722

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Plan Name MIDWEST ANESTHESIA PARTNERS LLC 401(K) P/S **EIN:** 36-4093188
Plan Sponsor's Name MIDWEST ANESTHESIA PARTNERS LLC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	FIRST	FIRST EAGLE OVERSEAS FUND A	0	124,802
	FMI	FMI INTL FD	0	48,724
	FRANKLIN	FRANKLIN SMALL CAP GROWTH FUND CL A	0	9,857
	GABELLI	GABELLI CONV SEC FD	0	3,824
	GABELLI	GABELLI SMALL CAP GROWTH FD AAA	0	24,214
	GATEWAY	GATEWAY FUND CL A	0	41,483
	GLENMEDE	GLENMEDE LARGE CAP GWTH	0	11,501

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	JPMORGAN	JPMORGAN EQUITY INCOME CL A	0	118,993
	LAZARD	LAZARD INTL STRATEGIC	0	3,193
	MATTHEWS	MATTHEWS ASIAN GROWTH & INCOME FD I	0	32,190
	METROPOLITAN	METROPOLITAN WEST TOTAL RETURN BD M	0	3,257
	NORTHERN	NORTHERN SMALL CAP CORE FD	0	3,184
	OAK	OAK RIDGE SMALL CAP GROWTH A	0	44,165
	OPPENHEIMER	OPPENHEIMER STEELPATH MLP INCM Y	0	21,780

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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	OPPENHEIMER	OPPENHEIMER STEELPATH MLP SLCT 40 Y	0	18,017
	PARNASSUS	PARNASSUS CORE EQTY FD INV	0	76,100
	PERKINS	PERKINS SMALL CAP VALUE FUND CLASS T	0	3,189
	PIMCO	PIMCO ALL ASSET FUND INSTL	0	10,767
	PIMCO	PIMCO INCM FD INST CL	0	38,543
	PIMCO	PIMCO INCOME D	0	146,516
	PIMCO	PIMCO TOTAL RETURN FUND INSTL CLASS	0	163,789

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	RUSSELL	RUSSELL LIFEPOINTS BALA STRAT S	0	2,969
	SCHWAB	SCHWAB FUNDAMENTAL US LRGE CO INDEX	0	217,756
	SCHWAB	SCHWAB FUNDAMENTAL US SMALL CO INDEX	0	99,239
	SEAFARER	SEAFARER OVERSEAS GWTH & INCM FD INV	0	3,201
	STONE	STONE RIDGE ASSET MGMT REINSU RISK M	0	45,901
	VANGUARD	VANGUARD HIGH DIV YIELD INDEX INV	0	5,148
	VANGUARD	VANGUARD INFLATION PROTECTED SEC FD	0	9,579

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	VANGUARD	VANGUARD TARGET RETIREMENT 2050 FD I	0	133,951
	VANGUARD	VANGUARD TOTAL STOCK MARKT INDX FD I	0	10,509
	VOYA	VOYA EMERGING MARKETS HIGH INCM DIV	0	8,162
	WASATCH	WASATCH CORE GROWTH FUND INV	0	3,193
	WESTERN	WESTERN ASSET CLAYMORE	0	4,003
	WESTERN	WESTERN ASSET CORE BD FD I	0	3,257
	WESTN	WESTN ASSET CLAYMORE FD	0	4,027

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	Participant's Loan Account	Various Rates and Maturities	0	136,001
	Schwab CSTC	Contribution Account	0	342,838