

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                |                                                                                                                                                                                            |                                           |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                |                                                                                                                                                                                            |                                           |
| For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u> |                                                                |                                                                                                                                                                                            |                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan                  | <input checked="" type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) |                                           |
|                                                                                                          | <input type="checkbox"/> a single-employer plan                | <input type="checkbox"/> a DFE (specify) _____                                                                                                                                             |                                           |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report               | <input type="checkbox"/> the final return/report                                                                                                                                           |                                           |
|                                                                                                          | <input checked="" type="checkbox"/> an amended return/report   | <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                             |                                           |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | <input type="checkbox"/>                                       |                                                                                                                                                                                            |                                           |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558                  | <input type="checkbox"/> automatic extension                                                                                                                                               | <input type="checkbox"/> the DFVC program |
|                                                                                                          | <input type="checkbox"/> special extension (enter description) |                                                                                                                                                                                            |                                           |

|                                                                                                         |                                                                |  |                                          |                   |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--|------------------------------------------|-------------------|
| <b>Part II</b>                                                                                          | <b>Basic Plan Information</b> —enter all requested information |  |                                          |                   |
| <b>1a</b> Name of plan                                                                                  | <u>ASSOCIATED PHYSICIANS' RETIREMENT PLAN</u>                  |  | <b>1b</b> Three-digit plan number (PN) ▶ | <u>001</u>        |
|                                                                                                         |                                                                |  | <b>1c</b> Effective date of plan         | <u>03/01/1998</u> |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)                                 | <b>2b</b> Employer Identification Number (EIN)                 |  |                                          |                   |
| Mailing address (include room, apt., suite no. and street, or P.O. Box)                                 | <u>75-2744538</u>                                              |  |                                          |                   |
| City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) | <b>2c</b> Plan Sponsor's telephone number                      |  |                                          |                   |
| <u>TEXAS EM-1 MEDICAL SERVICES, P.A.</u>                                                                | <u>800-527-2145</u>                                            |  |                                          |                   |
| <u>13737 NOEL ROAD, STE. 1600</u>                                                                       | <b>2d</b> Business code (see instructions)                     |  |                                          |                   |
| <u>DALLAS, TX 75240</u>                                                                                 | <u>621900</u>                                                  |  |                                          |                   |

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

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

|                                                                                                 |                                                   |            |                                                              |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                | Filed with authorized/valid electronic signature. | 10/24/2017 | DONALD L KING                                                |
|                                                                                                 | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                |                                                   |            |                                                              |
|                                                                                                 | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                |                                                   |            |                                                              |
|                                                                                                 | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address (include room or suite number) |                                                   |            | Preparer's telephone number                                  |
|                                                                                                 |                                                   |            |                                                              |

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

Form 5500 (2016)  
v. 160205

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| <b>4</b> 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:<br><b>a</b> Sponsor's name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 9785                                                                                                                                                    |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year.....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 9883<br><b>6a(2)</b> 9338<br><b>6b</b> 0<br><b>6c</b> 1389<br><b>6d</b> 10727<br><b>6e</b> 5<br><b>6f</b> 10732<br><b>6g</b> 5565<br><b>6h</b> 11   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>7</b>                                                                                                                                                         |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2R 2T 3H<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>0</b> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 \_\_\_\_\_

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2016</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

|                                                                                                           |                                                                    |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><b>ASSOCIATED PHYSICIANS' RETIREMENT PLAN</b>                                    | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>TEXAS EM-1 MEDICAL SERVICES, P.A.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>75-2744538</b> |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

|                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation<br><b>CHARLES SCHWAB &amp; CO. INC. AND AFFIL</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**94-1737782**

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

SCHWAB RETIREMENT PLAN SERVICES INC

34-1479833

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 15 26 50 64                   | NONE                                                                                                     | 284581                                                                        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

CHARLES SCHWAB & CO., INC.

94-1737782

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 33 50 59 62<br>71 72          | NONE                                                                                                     | 89612                                                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 40                                                                                                                                                                                     | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

TOWERS WATSON DELAWARE, INC.

53-0181291

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28 50                         | NONE                                                                                                     | 49748                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**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)

CHEVIOT VALUE MANAGEMENT LLC

01-0932564

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 26 50                  | NONE                                                                                              | 34449                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BEAIRD HARRIS WEALTH MANAGEMENT

75-2569390

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 26 50                  | NONE                                                                                              | 24573                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

FISHER INVESTMENTS

20-2480800

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 26 50                  | NONE                                                                                              | 18219                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

ARIANNA CAPITAL MANAGEMENT LLC

26-4491863

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 26 50                         | NONE                                                                                                     | 10925                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

LARSON FINANCIAL GROUP LLC

20-4773945

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 26 50                         | NONE                                                                                                     | 7604                                                                          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

CHARLES SCHWAB BANK

42-1558009

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 25 49 50 52 62                | NONE                                                                                                     | 0                                                                             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO. INC. AND AFFIL                                 | 59                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| SEE ATTACHMENT<br><br>75-2401150                                    | SEE ATTACHMENT                                                                                                                                                     |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2016</div><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

|                                                                                                                  |                                                                            |            |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>ASSOCIATED PHYSICIANS' RETIREMENT PLAN</u>                                           | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>TEXAS EM-1 MEDICAL SERVICES, P.A.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>75-2744538</u>         |            |

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

|                                                                                     |                               |                                                                                                                     |
|-------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>Schwab Managed Ret 2010 CL V</u>  |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>Charles Schwab Bank</u>        |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>81-0625169-001</u>                                               | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2716022</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>Schwab Managed Ret 2015 CL V</u>  |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>Charles Schwab Bank</u>        |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>81-0625169-006</u>                                               | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2915386</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>Schwab Managed Ret 2020 CL V</u>  |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>Charles Schwab Bank</u>        |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>81-0625169-002</u>                                               | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>26112973</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>Schwab Managed Ret 2025 CL V</u>  |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>Charles Schwab Bank</u>        |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>81-0625169-007</u>                                               | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>17597214</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>Schwab Managed Ret 2030 CL V</u>  |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>Charles Schwab Bank</u>        |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>81-0625169-003</u>                                               | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>32006878</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>Schwab Managed Ret 2035 CL IV</u> |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>Charles Schwab Bank</u>        |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>81-0625169-008</u>                                               | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16594742</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>Schwab Managed Ret 2040 CL V</u>  |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>Charles Schwab Bank</u>        |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>81-0625169-004</u>                                               | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>38478304</u> |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET 2045 CL V

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

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 81-0625169-009 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16260001 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET 2050 CL V

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

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 81-0625169-010 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7126558 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET INC CL V

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

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 81-0625169-005 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 617801 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET 2055 CL V

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

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 81-0625169-020 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1151534 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

|                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Internal Revenue Service</small><br><small>Department of Labor</small><br><small>Employee Benefits Security Administration</small><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                           |                                                                    |            |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2016 or fiscal plan year beginning <b>01/01/2016</b> and ending <b>12/31/2016</b>  |                                                                    |            |
| <b>A</b> Name of plan<br><b>ASSOCIATED PHYSICIANS' RETIREMENT PLAN</b>                                    | <b>B</b> Three-digit plan number (PN) ►                            | <b>001</b> |
|                                                                                                           |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>TEXAS EM-1 MEDICAL SERVICES, P.A.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>75-2744538</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                            | <b>1b(1)</b>    | 287825                | 1217700         |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    | 373100                | 1240930         |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    | 22632896              | 25545718        |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                            | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    | 229034                | 446927          |
| <b>(6)</b> Real estate (other than employer real property).....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                 | <b>1c(8)</b>    | 4690527               | 4922685         |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    | 121870322             | 161577413       |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 239193131             | 274813917       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   | 90437198              | 101830744       |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year     |
|--------------------|------------------------------------------------------------------|-----------------------|---------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                     |
| (1)                | Employer securities .....                                        | <b>1d(1)</b>          |                     |
| (2)                | Employer real property .....                                     | <b>1d(2)</b>          |                     |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                     |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 479714033 571596034 |
| <b>Liabilities</b> |                                                                  |                       |                     |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                     |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             |                     |
| <b>i</b>           | Acquisition indebtedness .....                                   | <b>1i</b>             |                     |
| <b>j</b>           | Other liabilities .....                                          | <b>1j</b>             |                     |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 0 0                 |
| <b>Net Assets</b>  |                                                                  |                       |                     |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 479714033 571596034 |

**Part II Income and Expense Statement**

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

|          |                                                                                                        | (a) Amount      | (b) Total |
|----------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>a</b> | <b>Contributions:</b>                                                                                  |                 |           |
| (1)      | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 46853168  |
|          | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> | 52689781  |
|          | <b>(C)</b> Others (including rollovers) .....                                                          | <b>2a(1)(C)</b> | 19760042  |
| (2)      | Noncash contributions .....                                                                            | <b>2a(2)</b>    |           |
| (3)      | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 119302991 |
| <b>b</b> | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)      | Interest:                                                                                              |                 |           |
|          | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....   | <b>2b(1)(A)</b> | 129607    |
|          | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|          | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|          | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|          | <b>(E)</b> Participant loans .....                                                                     | <b>2b(1)(E)</b> | 193893    |
|          | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> |           |
|          | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 323500    |
| (2)      | Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |           |
|          | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|          | <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                              | <b>2b(2)(C)</b> | 8731416   |
|          | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 8731416   |
| (3)      | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)      | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|          | <b>(B)</b> Aggregate carrying amount (see instructions) .....                                          | <b>2b(4)(B)</b> |           |
|          | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 0         |
| (5)      | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|          | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> |           |
|          | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            | 10616881  |
| (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) |            | 16596842  |
| c Other income.....                                                                            | 2c     |            | 6230500   |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 161802130 |

**Expenses**

|                                                                                      |       |          |          |
|--------------------------------------------------------------------------------------|-------|----------|----------|
| e Benefit payment and payments to provide benefits:                                  |       |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 69411478 |          |
| (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) |          | 69411478 |
| f Corrective distributions (see instructions) .....                                  | 2f    |          | 57899    |
| 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) | 166131   |          |
| (4) Other .....                                                                      | 2i(4) | 284621   |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                  | 2i(5) |          | 450752   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |          | 69920129 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 91882001 |
| 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: CAUSEY DEMGEN & MOORE PC

(2) EIN: 84-1158905

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               |           | Yes | No | Amount  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|---------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          | <b>4c</b> |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                               | <b>4d</b> |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | <b>4e</b> | X   |    | 5000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       | <b>4f</b> |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                    | <b>4g</b> |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                          | <b>4h</b> |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | <b>4i</b> | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... | <b>4j</b> |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           | <b>4k</b> |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            | <b>4l</b> |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | <b>4m</b> |     | X  |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      | <b>4n</b> |     |    |         |
| <b>o</b> Defined Benefit Plan or Money Purchase Pension Plan Only:<br>Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service? .....                           | <b>4o</b> |     |    |         |

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

## Part V Trust Information

|                                        |                                                     |
|----------------------------------------|-----------------------------------------------------|
| <b>6a</b> Name of trust                | <b>6b</b> Trust's EIN                               |
| <b>6c</b> Name of trustee or custodian | <b>6d</b> Trustee's or custodian's telephone number |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

|                                                                                                           |                                                                    |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>ASSOCIATED PHYSICIANS' RETIREMENT PLAN</u>                                    | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>TEXAS EM-1 MEDICAL SERVICES, P.A.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>75-2744538</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....                                                                                                                             | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>42-1558009</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <b>3</b> |          |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                              |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                              |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....                                                                                                                                                                                                            | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

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

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2016  
v. 160205

**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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                      |            |  |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:                                                                                                                    |            |  |
|           | <b>a</b> The current year .....                                                                                                                                                                                                                      | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year .....                                                                                                                                                                             | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year .....                                                                                                                                                                                                        | <b>14c</b> |  |
| <b>15</b> | Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:                                                                         |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                           | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                 |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                             | <b>16a</b> |  |
|           | <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....                                                                               | <b>16b</b> |  |
| <b>17</b> | 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. .... <input type="checkbox"/> |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                      |                          |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>18</b> | 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 .....                         | <input type="checkbox"/> |
| <b>19</b> | If the total number of participants is 1,000 or more, complete lines (a) through (c)                                                                                                                                                                                                                                                                                                                 |                          |
|           | <b>a</b> Enter the percentage of plan assets held as:<br>Stock: <u>0.0</u> % Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%                                                                                                                                                                                                                                 |                          |
|           | <b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br><input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more |                          |
|           | <b>c</b> What duration measure was used to calculate line 19(b)?<br><input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____                                                                                                                                                |                          |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                             |                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>20a</b> Is the plan a 401(k) plan? If "No," skip b .....                                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                          |
| <b>20b</b> How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: .....                                                        | <input type="checkbox"/> Design-based safe harbor <input type="checkbox"/> "Prior year" ADP test<br><input type="checkbox"/> "Current year" ADP test <input type="checkbox"/> N/A |
| <b>21a</b> What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: .....                                                                            | <input type="checkbox"/> Ratio percentage test <input type="checkbox"/> Average benefit test <input type="checkbox"/> N/A                                                         |
| <b>21b</b> Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                          |
| <b>22a</b> If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter   /   /   and the serial number   .      |                                                                                                                                                                                   |
| <b>22b</b> If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter   /   /   .                                     |                                                                                                                                                                                   |

**Associated Physicians'**  
**Retirement Plan**  
**Financial Statements**  
**And Supplemental Schedule**  
**With Independent Auditor's Report**  
**As of December 31, 2016 and 2015 and**  
**For the Year Ended December 31, 2016**

# Associated Physicians' Retirement Plan

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\* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

## **Independent Auditor's Report**

To the Participants and Administrator of the  
Associated Physicians' Retirement Plan

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of the Associated Physicians' Retirement Plan ("Plan"), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

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

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

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on these financial statements based on conducting the 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 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 The Charles Schwab Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2016 and 2015, and for the year ended December 31, 2016, that the information provided to the plan administrator by the trustee is complete and accurate.

### ***Disclaimer of Opinion***

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

### ***Other Matter***

The supplemental schedule of assets held at end of year as of December 31, 2016 is required by the Department of Labor's (DOL) 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 this supplemental schedule.

### **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 trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Denver, Colorado  
October 23, 2017

*Courtesy Dwyer & Moore P.C.*

**Associated Physicians' Retirement Plan**  
**Statements of Net Assets Available for Benefits**  
**As of December 31, 2016 and 2015**

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|                                             | <u><b>2016</b></u>    | <u><b>2015</b></u>    |
|---------------------------------------------|-----------------------|-----------------------|
| <b>Assets</b>                               |                       |                       |
| Investments at fair value (Notes 3 and 4)   | \$ <u>564,214,719</u> | \$ <u>474,362,581</u> |
| Receivables:                                |                       |                       |
| Notes receivable from participants (Note 3) | 4,922,685             | 4,690,527             |
| Employer contributions                      | 1,217,700             | 287,825               |
| Participant contributions                   | <u>1,240,930</u>      | <u>373,100</u>        |
| Total receivables                           | <u>7,381,315</u>      | <u>5,351,452</u>      |
| Net assets available for benefits           | <u>\$ 571,596,034</u> | <u>\$ 479,714,033</u> |

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

**Associated Physicians' Retirement Plan**  
**Statement of Changes in Net Assets Available for Benefits**  
**For the Year Ended December 31, 2016**

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**Additions to Net Assets Attributed to:**

|                                                                   |                  |
|-------------------------------------------------------------------|------------------|
| Investment income, net (Note 3)                                   |                  |
| Net appreciation in fair value of registered investment companies | \$ 26,126,020    |
| Income from self-directed brokerage accounts                      | 6,229,990        |
| Income from common/collective trusts                              | 708,675          |
| Interest income                                                   | 509,144          |
| Dividend income                                                   | <u>8,731,416</u> |

|                              |                   |
|------------------------------|-------------------|
| Total investment income, net | <u>42,305,245</u> |
|------------------------------|-------------------|

|                                                         |                |
|---------------------------------------------------------|----------------|
| Interest income from notes receivable from participants | <u>193,893</u> |
|---------------------------------------------------------|----------------|

**Contributions:**

|                                |                   |
|--------------------------------|-------------------|
| Participants                   | 52,689,781        |
| Employer                       | 46,853,168        |
| Rollovers from qualified plans | <u>19,760,042</u> |

|                     |                    |
|---------------------|--------------------|
| Total contributions | <u>119,302,991</u> |
|---------------------|--------------------|

|                 |                    |
|-----------------|--------------------|
| Total additions | <u>161,802,130</u> |
|-----------------|--------------------|

**Deductions From Net Assets Attributed to:**

|                                  |                  |
|----------------------------------|------------------|
| Benefits paid to participants    | (69,469,377)     |
| Administrative expenses (Note 7) | <u>(450,752)</u> |

|                  |                     |
|------------------|---------------------|
| Total deductions | <u>(69,920,129)</u> |
|------------------|---------------------|

|              |            |
|--------------|------------|
| Net increase | 91,882,001 |
|--------------|------------|

|                                                      |                    |
|------------------------------------------------------|--------------------|
| Net assets available for benefits, December 31, 2015 | <u>479,714,033</u> |
|------------------------------------------------------|--------------------|

|                                                      |                       |
|------------------------------------------------------|-----------------------|
| Net assets available for benefits, December 31, 2016 | <u>\$ 571,596,034</u> |
|------------------------------------------------------|-----------------------|

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

# **Associated Physicians' Retirement Plan**

## **Notes to Financial Statements**

### **December 31, 2016 and 2015**

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#### **1. Description of the Plan**

##### **General**

The Associated Physicians' Retirement Plan (the Plan) was adopted by Texas EM-I Medical Services, P.A. (the Company or Employer), effective March 1, 1998, to provide retirement benefits to its employees. The Plan is administered by EmCare, Inc. and is a defined contribution plan consisting of two independent parts: (1) a 401(k) portion and (2) a portion referred to as profit sharing, both of which permit an elective deferral of compensation. All employees of the Company are eligible to participate in the 401(k) portion at any time and the elections will be effective the following pay period. Employees who have attained age 21 are eligible to participate in the profit sharing portion on the first of the second month following completion of 1,000 hours of service, as defined in the Plan document. Once eligible, an employee must elect to participate within 30 days. The employee remains eligible as long as employment status with the Company is maintained. The Plan is intended to constitute a Section 401(a) plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The following description of the Plan provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

##### **Contributions**

Contributions to the plan are subject to certain IRS limitations, as outlined in the plan document.

Participants may contribute from 1% to 25%, subject to limitations of Section 402(g)(1) of the Code, of their annual compensation on a tax-deferred basis. Rollover contributions are permitted only from qualified retirement plans.

For individuals who so elect, the Employer will contribute, with commensurate compensation adjustment, (1) a fixed percentage of their income from 1% to 20%; or (2) a percentage of their income that adjusts automatically at certain fixed dates in the future. A one-time irrevocable election of participation is required for this aspect of the Plan. Effective September 1, 2015, the Plan was amended to allow participants to make Roth deferrals.

For the year ended December 31, 2016 and 2015, the Plan failed the discrimination test. In order to continue as a qualified plan, the Company made additional contributions of \$51,174 for 2016 and \$99,445 for 2015 during the fourth quarter of 2017 and the fourth quarter of 2016, respectively. When such amounts are paid, they are included in the employer contributions in the statement of changes in net assets available for benefits.

##### **Participant Accounts**

Each participant's account is credited with contributions plus allocations of Plan earnings. Upon termination, a participant is entitled to 100% of their contributions and the related earnings thereon.

# **Associated Physicians' Retirement Plan**

## **Notes to Financial Statements**

### **December 31, 2016 and 2015**

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#### **Vesting**

Participants are immediately vested in their 401(k), profit sharing and rollover contributions plus actual earnings thereon. However, if, as the result of an acquisition, a former employer transfers funds from prior plans into this plan, these funds will retain their former vesting schedule.

#### **Investment Options**

Upon enrollment in the Plan, a participant may direct contributions in any of the following investment options: registered investment companies, common/collective trusts, limited partnerships and a self-directed brokerage account option.

Changes to 401(k) contributions can be made monthly. Investment elections can be changed daily.

#### **Withdrawals**

Upon termination of service, or upon death, disability, or retirement, a participant may receive a lump-sum payment equal to his or her vested account balance. After attainment of age 59½, participants may withdraw any amount up to their vested account balance. Hardship withdrawals from 401(k) and rollover contributions may be made, subject to certain conditions and restrictions. After 5 years of employment, participants may make withdrawals from profit sharing contributions. Prior to that time, participants may only withdraw profit sharing amounts which have been in the Plan for at least two years.

#### **Notes Receivable from Participants**

Participants may borrow a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range from one to five years or longer for the purchase of a primary residence (as determined by plan administrator). The loans are secured by the balance in the participant's account and bear interest at prime plus 2 percent (ranging from 3.75% to 5.75% as of December 31, 2016 and 2015). Principal and interest are paid ratably through monthly payroll deductions and is reinvested according to current investment elections. In certain situations and when there is a new participating employer, the Plan will allow for loans to be transferred into the plan so that plan participants can continue repayment, thereby supporting their efforts to continue saving towards their retirement.

#### **Forfeited Accounts**

Amounts that are forfeited under the Plan are first used to restore amounts previously forfeited, and if any amounts remain, are applied to reduce Employers contributions or to pay Plan expenses. At December 31, 2016 and 2015, unallocated forfeited nonvested amounts were \$9,132 and \$10,249, respectively.

#### **Administration**

The Plan is administered by the Company. The Charles Schwab Trust Company (Schwab) acts as trustee of Plan assets and The Schwab Retirement Plan Services is the Plan's recordkeeper.

# **Associated Physicians' Retirement Plan**

## **Notes to Financial Statements**

### **December 31, 2016 and 2015**

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## **2. Significant Accounting Policies**

### **Basis of Accounting**

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

### **Use of Estimates**

The preparation of the Plan's financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the changes in net assets available for benefits during the reporting period and when applicable, disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

### **Investment Valuation and Income Recognition**

The Plan's investments are stated at fair value. The fair value of investments in registered investment companies is based on quoted market prices which represent the net asset value of shares held by the Plan at year-end. Limited partnerships are valued at book value at year end which approximates fair value. Common stock is valued at quoted market prices.

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.

The Plan presents in the statement of changes in net assets available for benefits the net appreciation (depreciation) in fair value of investments, which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments.

### **Notes receivable from participants**

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Delinquent loans are treated as distributions based upon the terms of the Plan document.

### **Risks and Uncertainties**

The Plan invests in a combination of registered investment companies, common/collective trusts, limited partnerships and self-directed brokerage accounts. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits and the statement of changes in net assets available for benefits.

### **Benefit Payments**

Benefits are recorded when paid.

# Associated Physicians' Retirement Plan

## Notes to Financial Statements

### December 31, 2016 and 2015

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#### 3. Information Certified by Trustee (Unaudited)

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee of the Plan has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments at fair value as shown in the statements of net assets available for benefits as of December 31, 2016 and 2015
- Notes receivable from participants at December 31, 2016 and 2015 and the related interest income for the year ended December 31, 2016
- Investment income, net as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2016
- Schedule of Assets (Held at End of Year) at December 31, 2016

#### 4. Fair Value Measurements:

Financial Accounting Standards Board Accounting Standards Codification section 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy 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 or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- 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.

# Associated Physicians' Retirement Plan

## Notes to Financial Statements

### December 31, 2016 and 2015

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The asset's 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, 2016 and 2015.

*Investments in registered investment companies (mutual funds) common stocks, bonds and unit investment trusts:* Valued at quoted market prices which represent the net asset value of shares held by the Plan at year end.

*Investments in common/collective trusts and self-directed brokerage accounts:* Valued at the quoted market price of the underlying investments held by the Plan at year end.

*Investments in limited partnerships:* Independently valued by the plan sponsor.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value at December 31, 2016:

| Assets at Fair Value at December 31, 2016              |                       |             |                   |                       |
|--------------------------------------------------------|-----------------------|-------------|-------------------|-----------------------|
|                                                        | Level 1               | Level 2     | Level 3           | Total                 |
| Registered investment companies                        | \$ 300,359,635        | \$ —        | \$ —              | \$ 300,359,635        |
| Self-directed brokerage accounts                       | 101,830,744           | —           | —                 | 101,830,744           |
| Limited partnerships                                   | —                     | —           | 446,927           | 446,927               |
| Total assets in the fair value hierarchy               | 402,190,379           | —           | 446,927           | 402,637,306           |
| Investments measured at net asset value <sup>(1)</sup> | —                     | —           | —                 | 161,577,413           |
| Investments at fair value                              | <u>\$ 402,190,379</u> | <u>\$ —</u> | <u>\$ 446,927</u> | <u>\$ 564,214,719</u> |

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value at December 31, 2015:

| Assets at Fair Value at December 31, 2015              |                       |             |                   |                       |
|--------------------------------------------------------|-----------------------|-------------|-------------------|-----------------------|
|                                                        | Level 1               | Level 2     | Level 3           | Total                 |
| Registered investment companies                        | \$ 261,826,027        | \$ —        | \$ —              | \$ 261,826,027        |
| Self-directed brokerage accounts                       | 90,437,198            | —           | —                 | 90,437,198            |
| Limited partnerships                                   | —                     | —           | 229,034           | 229,034               |
| Total assets in the fair value hierarchy               | 352,263,225           | —           | 229,034           | 352,492,259           |
| Investments measured at net asset value <sup>(1)</sup> | —                     | —           | —                 | 121,870,322           |
| Investments at fair value                              | <u>\$ 352,263,225</u> | <u>\$ —</u> | <u>\$ 229,034</u> | <u>\$ 474,362,581</u> |

# Associated Physicians' Retirement Plan

## Notes to Financial Statements

### December 31, 2016 and 2015

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<sup>(1)</sup> In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

The following tables summarize investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2016, and 2015, respectively.

| December 31, 2016 | Fair Value     | Unfunded Commitments | Redemption frequency | Redemption notice period |
|-------------------|----------------|----------------------|----------------------|--------------------------|
| Collective trusts | \$ 161,577,413 | n/a                  | Daily                | n/a                      |

| December 31, 2015 | Fair Value    | Unfunded Commitments | Redemption frequency | Redemption notice period |
|-------------------|---------------|----------------------|----------------------|--------------------------|
| Collective trusts | \$121,870,322 | n/a                  | Daily                | n/a                      |

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2016:

|                                                   | <u>Partnerships</u> |
|---------------------------------------------------|---------------------|
| Balance, beginning of year                        | \$ 229,034          |
| Purchases, sales, issuances and settlements (net) | 217,893             |
| Balance, end of year                              | <u>\$ 446,927</u>   |

#### 5. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, participants will become fully vested in their account balances.

#### 6. Income Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated February 28, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRS and therefore, is exempt from taxation under Section 501(a) of the Internal Revenue Code.

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 if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service ("IRS"). The Plan administrator has analyzed the tax positions taken by the plan and has concluded that as of December 31, 2016, there are no uncertain positions taken or

**Associated Physicians' Retirement Plan**  
**Notes to Financial Statements**  
**December 31, 2016 and 2015**

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expected to be taken that would require recognition of a liability 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 the years prior to 2013.

**7. Related Party Transactions**

Certain Plan investments are shares of common/collective trusts managed by Schwab. Schwab is the trustee as defined by the Plan and therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to Schwab for these services amount to \$374,193 for the year ended December 31, 2016.

**8. Subsequent event**

The Company has evaluated events subsequent to December 31, 2016 through October 23, 2017, which is the date the financial statements were available to be issued. There has been no material events noted in this period which would impact the results reflected in this report, the Plan's results going forward or require additional disclosure.

**Associated Physicians' Retirement Plan**  
**EIN #75-2744538, Plan 001**  
**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)**  
**December 31, 2016**

| (a) | (b)<br>Identity of Issuer, Borrower, Lessor or<br>Similar Party         | (c)<br>Description of Investment    | (d)<br>Cost | (e)<br>Current Value  |
|-----|-------------------------------------------------------------------------|-------------------------------------|-------------|-----------------------|
| *   | Schwab Managed Retirement 2010 Class V                                  | Common/Collective Trust             | #           | \$ 2,716,022          |
| *   | Schwab Managed Retirement 2015 Class V                                  | Common/Collective Trust             | #           | 2,915,386             |
| *   | Schwab Managed Retirement 2020 Class V                                  | Common/Collective Trust             | #           | 26,112,973            |
| *   | Schwab Managed Retirement 2025 Class V                                  | Common/Collective Trust             | #           | 17,597,214            |
| *   | Schwab Managed Retirement 2030 Class V                                  | Common/Collective Trust             | #           | 32,006,878            |
| *   | Schwab Managed Retirement 2035 Class V                                  | Common/Collective Trust             | #           | 16,594,742            |
| *   | Schwab Managed Retirement 2040 Class V                                  | Common/Collective Trust             | #           | 38,478,305            |
| *   | Schwab Managed Retirement 2045 Class V                                  | Common/Collective Trust             | #           | 16,260,001            |
| *   | Schwab Managed Retirement 2050 Class V                                  | Common/Collective Trust             | #           | 7,126,558             |
| *   | Schwab Managed Retirement 2055 Class V                                  | Common/Collective Trust             | #           | 1,151,533             |
| *   | Schwab Managed Retirement Inc Class V                                   | Common/Collective Trust             | #           | 617,801               |
|     | Subtotal                                                                |                                     |             | <u>161,577,413</u>    |
|     | Vanguard Institutional Money Market Fund                                | Registered Investment Company       | #           | 25,545,718            |
|     | American Beacon Sm Cap Value                                            | Registered Investment Company       | #           | 16,313,503            |
|     | Artisan International Fund                                              | Registered Investment Company       | #           | 10,670,857            |
|     | Dodge & Cox Stock Fund                                                  | Registered Investment Company       | #           | 35,250,693            |
|     | Dodge & Cox International Stock                                         | Registered Investment Company       | #           | 12,314,720            |
|     | T. Rowe Price Institutional Large Growth                                | Registered Investment Company       | #           | 22,280,780            |
|     | JP Morgan Core Bond N6                                                  | Registered Investment Company       | #           | 19,833,291            |
|     | Vanguard Total BD Market Index SIG                                      | Registered Investment Company       | #           | 16,563,145            |
|     | Vanguard Institutional Index                                            | Registered Investment Company       | #           | 45,946,603            |
|     | Vanguard Extended Market Index Institutional                            | Registered Investment Company       | #           | 26,144,170            |
|     | Vanguard Total International Stock Index SIG                            | Registered Investment Company       | #           | 13,517,245            |
|     | William Blair Small Cap Growth                                          | Registered Investment Company       | #           | 7,439,194             |
|     | Vanguard Prime Cap Admiral                                              | Registered Investment Company       | #           | 48,539,716            |
|     | Subtotal                                                                |                                     |             | <u>300,359,635</u>    |
|     | Personal Choice Retirement Accounts<br>(excluding Limited partnerships) | Self-Directed Brokerage<br>Accounts | #           | 101,830,744           |
|     | Limited Partnerships                                                    | Limited Partnerships                | #           | 446,927               |
| *   | Participant loans                                                       | Loans (3.75% to 5.75%)              | 0           | 4,922,685             |
|     |                                                                         |                                     |             | <u>\$ 569,137,404</u> |

\* Party-in-interest

# All investments are participant-directed; therefore, cost information is not required.

The information in this schedule has been certified as to its completeness and accuracy by the trustee.

## MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

NAME OF PLAN: Associated Physicians' Retirement Plan  
 EIN: 75-2744538  
 PLAN NUMBER: 001

| (a) Name of participation employer                     | (b) EIN    | (c) Percent of Total Contributions |
|--------------------------------------------------------|------------|------------------------------------|
| Texas OBS-I Medical Services PA                        | 38-3887287 | 0.02%                              |
| California EM-I Medical Services A Medical Corporation | 75-2741489 | 3.94%                              |
| Oregon EM-I Medical Services PC                        | 26-4086622 | 0.01%                              |
| Rainbow Shower Inpatient Services, LLC                 | 46-4565633 | 0.71%                              |
| National Primary Care Network, P.A.                    | 75-2482503 | 0.01%                              |
| Scottsdale Emergency Associates, Ltd.                  | 86-0593131 | 6.49%                              |
| Illinois/Indiana EM-I Medical Services SC              | 75-2743839 | 0.78%                              |
| Emergency Care Associates of Indiana, LLC              | 90-1018964 | 3.41%                              |
| Shadow Emergency Physicians, LLC                       | 75-2807737 | 2.27%                              |
| Florida EM-I Medical Services PA                       | 75-2739410 | 35.52%                             |
| NightRays, P.A.                                        | 20-2394827 | 0.79%                              |
| Purple Martin Anesthesia, PLLC                         | 46-3931232 | 0.00%                              |
| FL-I Medical Services, LLC                             | 35-2435687 | 11.01%                             |
| Wyoming EM-I Medical Services, P.C.                    | 20-1193218 | 0.23%                              |
| Nevada Outpatient Services, P.C.                       | 46-5672622 | 0.10%                              |
| Kansas EM-I Med Services PA                            | 32-0162571 | 0.06%                              |
| Pinnacle Mid-Atlantic Anesthesia Associates, PC        | 26-2343540 | 1.17%                              |
| Tidal Emergency Physicians, LLC                        | 90-0276852 | 22.72%                             |
| North Carolina EM-I Medical Services, P.C.             | 75-2756078 | 0.36%                              |
| Whipple Tree Emergency Physicians, LLC                 | 30-0801331 | 4.65%                              |
| Texas EM-I Medical Services, P.A.                      | 75-2744538 | 5.75%                              |
| Florida Sunshine Anesthesia Providers, P.A.            | 27-4431107 | 0.00%                              |

**Associated Physicians' Retirement Plan**  
**Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information**  
**December 31, 2016**

EIN: 75-2744538

Plan Number: 001

**Received by Charles Schwab & Co., Inc. (EIN#94-1737782)**

| <b>Fund Family/Provider</b> | <b>EIN</b>    | <b>Formula</b>                                     |
|-----------------------------|---------------|----------------------------------------------------|
| American Beacon             | 75-2401150    | Rate of 0.05% of average daily balance of asset(s) |
| Dodge & Cox                 | Not Available | Rate of 0.10% of average daily balance of asset(s) |
| William Blair               | Not Available | Rate of 0.15% of average daily balance of asset(s) |

**Received by Charles Schwab & Co., Inc. (EIN#94-1737782)**

| <b>Fund Family/Provider</b>  | <b>EIN</b>    | <b>Formula</b>                                           |
|------------------------------|---------------|----------------------------------------------------------|
| 1919 Funds                   | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| 361 Funds                    | Not Available | Rate of 0.10% of average daily balance of asset(s)       |
| Aberdeen                     | 51-0368279    | Rate of 0.40% of average daily balance of asset(s)       |
| Absolute Strategies          | 20-1269668    | Rate of 0.10% of average daily balance of asset(s)       |
| Acadian Funds                | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| Adirondack Funds             | 20-1993634    | Rate of 0.40% of average daily balance of asset(s)       |
| Akre                         | 54-1968332    | Rate of 0.40% of average daily balance of asset(s)       |
| Allianz Funds                | 06-1349805    | Range of 0.02 - 0.40% of average daily balance of assets |
| Allied Asset                 | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| Alpine                       | 13-3982412    | Range of 0.10 - 0.50% of average daily balance of assets |
| ALPS                         | 84-0996383    | Rate of 0.10% of average daily balance of asset(s)       |
| Amana                        | 35-6447892    | Rate of 0.40% of average daily balance of asset(s)       |
| American Beacon              | 75-2401150    | Rate of 0.05% of average daily balance of asset(s)       |
| American Century Investments | 43-0821857    | Rate of 0.35% of average daily balance of asset(s)       |
| American Funds               | 95-1411037    | Range of 0.37 - 0.60% of average daily balance of assets |
| AMG Funds                    | 06-1555943    | Range of 0.10 - 0.40% of average daily balance of assets |
| Angel Oak                    | Not Available | Range of 0.10 - 0.40% of average daily balance of assets |
| AQR Funds                    | Not Available | Range of 0.10 - 0.40% of average daily balance of assets |
| Ariel Investments, LLC       | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| Artisan                      | 39-1811840    | Rate of 0.40% of average daily balance of asset(s)       |
| Aspen Partners               | Not Available | Rate of 0.10% of average daily balance of asset(s)       |
| Azzad Fund                   | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| Baird                        | 39-6037917    | Range of 0.10 - 0.27% of average daily balance of assets |
| Baron Capital Group          | 13-3107580    | Range of 0.09 - 0.40% of average daily balance of assets |
| BBH                          | 36-4469928    | Rate of 0.40% of average daily balance of asset(s)       |
| BlackRock                    | 04-6171663    | Range of 0.40 - 0.50% of average daily balance of assets |
| Brandes                      | 33-0635360    | Range of 0.10 - 0.40% of average daily balance of assets |
| Bridgeway                    | Not Available | Rate of 0.10% of average daily balance of asset(s)       |
| Brown Advisory Funds         | 52-1952888    | Range of 0.10 - 0.40% of average daily balance of assets |
| Buffalo                      | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| Calamos                      | 36-3316238    | Range of 0.10 - 0.45% of average daily balance of assets |
| Calvert Investments          | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| Cedar Ridge                  | Not Available | Rate of 0.10% of average daily balance of asset(s)       |
| Centre Funds                 | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| Champlain Funds              | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| Clipper Fund                 | 65-3893011    | Rate of 0.46% of average daily balance of asset(s)       |

|                                |               |                                                          |
|--------------------------------|---------------|----------------------------------------------------------|
| Cohen & Steers                 | 14-1904657    | Range of 0.40 - 0.45% of average daily balance of assets |
| Columbia                       | 93-0577450    | Range of 0.10 - 0.50% of average daily balance of assets |
| Conestoga Capital Advisors     | 23-3072906    | Rate of 0.40% of average daily balance of asset(s)       |
| Credit Suisse (New York, NY)   | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| Cullen Funds Trust             | 06-1614949    | Rate of 0.40% of average daily balance of asset(s)       |
| Delaware Investments           | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| Deutsche Asset Management      | Not Available | Rate of 0.29% of average daily balance of asset(s)       |
| Dimensional Fund Advisors      | 22-2370029    | Rate of 0.25% of average daily balance of asset(s)       |
| DoubleLine                     | Not Available | Range of 0.10 - 0.36% of average daily balance of assets |
| Dreyfus                        | Not Available | Rate of 0.35% of average daily balance of asset(s)       |
| Driehaus                       | 20-3634295    | Rate of 0.40% of average daily balance of asset(s)       |
| Eaton Vance                    | 04-2718215    | Range of 0.40 - 0.45% of average daily balance of assets |
| Eventide Funds                 | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| Fairholme                      | 22-3526594    | Rate of 0.08% of average daily balance of asset(s)       |
| Federated                      | 25-1111467    | Range of 0.40 - 0.50% of average daily balance of assets |
| Fidelity Investments           | 06-1194217    | Rate of 0.10% of average daily balance of asset(s)       |
| First Eagle                    | 13-3392291    | Rate of 0.40% of average daily balance of asset(s)       |
| FMI Funds                      | 39-1861095    | Range of 0.10 - 0.40% of average daily balance of assets |
| Franklin Templeton Investments | 94-3167260    | Rate of 0.40% of average daily balance of asset(s)       |
| Gabelli                        | 13-3340139    | Range of 0.35 - 0.40% of average daily balance of assets |
| Glenmede                       | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| Goldman Sachs                  | Not Available | Rate of 0.10% of average daily balance of asset(s)       |
| Gotham                         | Not Available | Rate of 0.10% of average daily balance of asset(s)       |
| Guggenheim Investments         | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| Hancock Horizon                | 64-0169065    | Rate of 0.40% of average daily balance of asset(s)       |
| Harbor                         | 04-2679462    | Range of 0.06 - 0.43% of average daily balance of assets |
| Harding Loevner                | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| Hartford Mutual Funds          | 13-3317783    | Rate of 0.40% of average daily balance of asset(s)       |
| Hennessy                       | 68-0377264    | Rate of 0.40% of average daily balance of asset(s)       |
| Hodges                         | 75-2278918    | Rate of 0.40% of average daily balance of asset(s)       |
| Hotchkis & Wiley               | 09-5349264    | Rate of 0.40% of average daily balance of asset(s)       |
| Invesco                        | 58-2287224    | Rate of 0.50% of average daily balance of asset(s)       |
| Ironclad Funds                 | Not Available | Rate of 0.10% of average daily balance of asset(s)       |
| Janus                          | 43-1804048    | Range of 0.10 - 0.35% of average daily balance of assets |
| Jensen                         | 93-0978027    | Rate of 0.40% of average daily balance of asset(s)       |
| John Hancock                   | 04-3483032    | Range of 0.10 - 0.50% of average daily balance of assets |
| JPMorgan                       | 13-2624428    | Rate of 0.50% of average daily balance of asset(s)       |
| Keeley                         | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| Laudus Funds                   | 94-3106735    | Range of 0.10 - 0.20% of average daily balance of assets |
| Lazard                         | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| Legg Mason                     | Not Available | Range of 0.10 - 0.50% of average daily balance of assets |
| Lord Abbett                    | 13-3731507    | Range of 0.10 - 0.34% of average daily balance of assets |
| Madison Funds                  | 54-1815009    | Rate of 0.40% of average daily balance of asset(s)       |
| MainGate Trust                 | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| Mairs & Power                  | 23-2398112    | Rate of 0.10% of average daily balance of asset(s)       |
| Marsico Investment Fund        | Not Available | Rate of 0.50% of average daily balance of asset(s)       |
| Matthews Asia Funds            | 94-3250972    | Range of 0.33 - 0.40% of average daily balance of assets |
| Merk Funds                     | 01-0516963    | Rate of 0.40% of average daily balance of asset(s)       |

|                            |               |                                                          |
|----------------------------|---------------|----------------------------------------------------------|
| Metropolitan West Funds    | 95-4597302    | Range of 0.35 - 0.40% of average daily balance of assets |
| MFS                        | 04-3253929    | Range of 0.10 - 0.45% of average daily balance of assets |
| Monetta                    | 36-3280018    | Rate of 0.40% of average daily balance of asset(s)       |
| Motley Fool                | 54-1742975    | Rate of 0.40% of average daily balance of asset(s)       |
| Natixis Funds              | 04-3200027    | Range of 0.35 - 0.55% of average daily balance of assets |
| Neuberger Berman           | 13-3216325    | Range of 0.29 - 0.35% of average daily balance of assets |
| Nicholas                   | Not Available | Rate of 0.37% of average daily balance of asset(s)       |
| Northern Funds             | 36-3608252    | Range of 0.25 - 0.40% of average daily balance of assets |
| Nuance Investments         | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| Nuveen                     | 36-3817266    | Rate of 0.07% of average daily balance of asset(s)       |
| Oakmark                    | 04-3200027    | Rate of 0.35% of average daily balance of asset(s)       |
| Oberweis                   | Not Available | Range of 0.10 - 0.40% of average daily balance of assets |
| OppenheimerFunds           | 13-2527171    | Range of 0.07 - 0.50% of average daily balance of assets |
| Otter Creek                | Not Available | Rate of 0.10% of average daily balance of asset(s)       |
| Pacific Financial          | 91-1257006    | Rate of 0.25% of average daily balance of asset(s)       |
| Parnassus                  | 94-6579180    | Range of 0.10 - 0.40% of average daily balance of assets |
| Pioneer Investments        | 13-5657669    | Range of 0.10 - 0.60% of average daily balance of assets |
| Price Asset Management     | Not Available | Rate of 0.10% of average daily balance of asset(s)       |
| PRIMECAP Odyssey Funds     | 95-3868081    | Rate of 0.08% of average daily balance of asset(s)       |
| Principal Funds            | 42-1520346    | Rate of 0.40% of average daily balance of asset(s)       |
| ProFunds                   | 52-2035197    | Rate of 0.40% of average daily balance of asset(s)       |
| Prudential Investments     | 22-3703799    | Range of 0.10 - 0.50% of average daily balance of assets |
| Putnam                     | 36-4488942    | Rate of 0.20% of average daily balance of asset(s)       |
| RidgeWorth                 | 58-1604573    | Range of 0.30 - 0.38% of average daily balance of assets |
| RMB Funds                  | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| Robeco Investment Funds    | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| Royce                      | 52-2343049    | Range of 0.20 - 0.45% of average daily balance of assets |
| Rydex Funds                | Not Available | Range of 0.40 - 0.45% of average daily balance of assets |
| Schwab Funds               | 94-3106735    | Range of 0.02 - 0.25% of average daily balance of assets |
| Seafarer Funds             | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| Selected Funds             | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| Semper                     | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| Sequoia                    | 13-2663968    | Rate of 0.05% of average daily balance of asset(s)       |
| Shelton Capital Management | Not Available | Rate of 0.50% of average daily balance of asset(s)       |
| Sit                        | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| Swan                       | Not Available | Rate of 0.10% of average daily balance of asset(s)       |
| T. Rowe Price              | 52-2264646    | Range of 0.04 - 0.40% of average daily balance of assets |
| TCW                        | 95-2749628    | Rate of 0.40% of average daily balance of asset(s)       |
| Third Avenue               | 01-0690900    | Range of 0.08 - 0.50% of average daily balance of assets |
| TIAA-CREF Asset Management | 13-1624203    | Range of 0.30 - 0.35% of average daily balance of assets |
| Tocqueville                | 13-3549887    | Rate of 0.40% of average daily balance of asset(s)       |
| Tortoise Capital Advisors  | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| Transamerica               | 94-0932740    | Rate of 0.40% of average daily balance of asset(s)       |
| Tributary Funds            | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| U.S. Global Investors      | 74-1619375    | Rate of 0.40% of average daily balance of asset(s)       |

|                           |               |                                                          |
|---------------------------|---------------|----------------------------------------------------------|
| USAA                      | 74-0959140    | Range of 0.10 - 0.30% of average daily balance of assets |
| Versus Capital            | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| Victory                   | Not Available | Range of 0.35 - 0.40% of average daily balance of assets |
| Virtus                    | 95-4191764    | Rate of 0.10% of average daily balance of asset(s)       |
| Voya                      | 95-4516049    | Rate of 0.10% of average daily balance of asset(s)       |
| Walthausen Funds          | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| Wasatch                   | 87-0319391    | Range of 0.35 - 0.40% of average daily balance of assets |
| WCM Investment Management | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| Wells Fargo Funds         | 41-0449260    | Range of 0.35 - 0.55% of average daily balance of assets |
| William Blair             | Not Available | Range of 0.08 - 0.50% of average daily balance of assets |
| Wilshire Mutual Funds     | 95-2755361    | Rate of 0.40% of average daily balance of asset(s)       |

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

|                       |                                        |
|-----------------------|----------------------------------------|
| NAME OF PLAN SPONSOR: | Texas EM-I Medical Services, P.A.      |
| NAME OF PLAN:         | Associated Physicians' Retirement Plan |
| EIN:                  | 75-2744538                             |
| PLAN NUMBER:          | 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 |
|-----|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|-------------------|
| *   | PARTICIPANT LOANS                                         | Loans (3.75% - 10.25%)                                                                                      |          | 4,922,685         |
|     | VANGUARD PRIME MONEY MKT ADM                              | Money Market / Cash Equivalent                                                                              |          | 25,545,718        |
| *   | Schwab Managed Ret 2010 CL V                              | Common Collective Trust Fund                                                                                |          | 2,716,022         |
| *   | Schwab Managed Ret 2015 CL V                              | Common Collective Trust Fund                                                                                |          | 2,915,386         |
| *   | Schwab Managed Ret 2020 CL V                              | Common Collective Trust Fund                                                                                |          | 26,112,973        |
| *   | Schwab Managed Ret 2025 CL V                              | Common Collective Trust Fund                                                                                |          | 17,597,214        |
| *   | Schwab Managed Ret 2030 CL V                              | Common Collective Trust Fund                                                                                |          | 32,006,878        |
| *   | Schwab Managed Ret 2035 CL V                              | Common Collective Trust Fund                                                                                |          | 16,594,742        |
| *   | Schwab Managed Ret 2040 CL V                              | Common Collective Trust Fund                                                                                |          | 38,478,304        |
| *   | Schwab Managed Ret 2045 CL V                              | Common Collective Trust Fund                                                                                |          | 16,260,001        |
| *   | Schwab Managed Ret 2050 CL V                              | Common Collective Trust Fund                                                                                |          | 7,126,558         |
| *   | Schwab Managed Ret 2055 CL V                              | Common Collective Trust Fund                                                                                |          | 1,151,534         |
| *   | Schwab Managed Ret Income V                               | Common Collective Trust Fund                                                                                |          | 617,801           |
|     | PCRA                                                      | Self-Directed Brokerage Account                                                                             |          | 101,830,744       |
|     | AMERICAN BEACON SCAP VAL INSTL                            | Registered Investment Company                                                                               |          | 16,313,503        |
|     | ARTISAN INTERNATIONAL INSTL                               | Registered Investment Company                                                                               |          | 10,670,857        |
|     | DODGE & COX INTL STOCK                                    | Registered Investment Company                                                                               |          | 12,314,720        |
|     | DODGE & COX STOCK FUND                                    | Registered Investment Company                                                                               |          | 35,250,694        |
|     | JP MORGAN CORE BOND R6                                    | Registered Investment Company                                                                               |          | 19,833,291        |
|     | T ROWE PRICE INSTL LRG GROWTH                             | Registered Investment Company                                                                               |          | 22,280,780        |
|     | VANGUARD EXTENDED MKT IDX INST                            | Registered Investment Company                                                                               |          | 26,144,170        |
|     | VANGUARD INSTITUTIONAL INDEX                              | Registered Investment Company                                                                               |          | 45,946,603        |
|     | VANGUARD PRIMECAP ADMIRAL                                 | Registered Investment Company                                                                               |          | 48,539,715        |
|     | VANGUARD TOTAL BD MKT IDX INST                            | Registered Investment Company                                                                               |          | 16,563,145        |
|     | VANGUARD TOTAL INTL STK INSTL                             | Registered Investment Company                                                                               |          | 13,517,245        |
|     | WILLIAM BLAIR SMALL CAP GRTH I                            | Registered Investment Company                                                                               |          | 7,439,194         |
|     | LIMITED PARTNERSHIP                                       | Limited Partnership                                                                                         |          | 446,927           |

\* Party-in-interest