Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
PULMONARY MEDICINE ASSOCIATES MEDICAL GROUP, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1994

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
PULMONARY MEDICINE ASSOCIATES MEDICAL GROUP, INC.

1300 ETHAN WAY
STE 600
SACRAMENTO, CA 95825

2b Employer Identification Number (EIN)
94-2221434

2c Plan Sponsor's telephone number
916-482-7621

2d Business code (see instructions)
621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/17/2018	ALAN CUBRE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	126
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	106
a(2) Total number of active participants at the end of the plan year	**6a(2)**	124
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	19
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	144
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e**.	**6f**	144
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	129
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	8
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2R 2T 3D

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

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

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

a Pension Schedules

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

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

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

b General Schedules

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

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

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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

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

A Name of plan
PULMONARY MEDICINE ASSOCIATES MEDICAL GROUP, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
PULMONARY MEDICINE ASSOCIATES MEDICAL GROUP, INC.

D Employer Identification Number (EIN)
94-2221434

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
60 64 65 71	RECORDKEEPER	3073	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
ABF LG CAP VAL INV - BOSTON FINANC P.O. BOX 8480 BOSTON, MA 02266	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
BARON ASSET INST - DST SYSTEMS INC 43-1581814	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
LOOMIS SM CAP VAL R - DST ASSET MA P.O. BOX 8406 BOSTON, MA 02266	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
NB HIGH INC BOND IS - STATE STREET 04-0025081	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
VRS SMALL CAP GRTH Y - FIS INVESTO 4249 EASTON WAY, SUITE 400 COLUMBUS, OH 43219	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
WF EMRG MKTS EQ ADM - BOSTON FINAN P.O. BOX 8480 BOSTON, MA 02266	0.35%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
WELLS FARGO EMERGING MRKTS EQ A	525 MARKET ST SAN FRANCISCO, CA 94105	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
VICTORY RS SMALL CAPGROWTH FUND CL	127 PUBLIC SQUARE CLEVELAND, OH 44114	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
VICTORY RS GROWTH FUND CL A	127 PUBLIC SQUARE CLEVELAND, OH 44114	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
AIG FOCUSED ALPHA LARGE CAP CL A	3200 PLAZA 5 HARBORSIDE FINANCIAL C JERSEY CITY, NJ 07311-4007	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
AIG FLEXIBLE CREDIT CL A	3200 PLAZA 5 HARBORSIDE FINANCIAL C JERSEY CITY, NJ 07311-4007	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
AIG STRATEGIC BOND FUND CL A	3200 PLAZA 5 HARBORSIDE FINANCIAL C JERSEY CITY, NJ 07311-4007	0.10%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
NORTHERN SMALL CAP VALUE	801 SOUTH CANAL C 5S CHICAGO, IL 60675	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
METROPOLITAN WEST TOT RETURN BOND C	865 SOUTH FIGUEROA ST. #1400 LOS ANGELES, CA 90017	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
MAINSTAY S&P 500 INDEX CL A	30 HUDSON STREET 23RD FLOOR ARLINGTON, NJ 07032	0.10%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
LOOMIS SAYLES GLOBAL BOND RETAIL	399 BOYLSTON STREET 8TH FL BOSTON, MA 02116	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
JANUS HENDERSON HIGH YIELD T	151 DETROIT ST. DENVER, CO 80206	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
HEARTLAND SELECT VALUE	789 N. WATER STREET MILWAUKEE, WI 53202	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
HARBOR INTERNATIONALINVESTOR SHARES	111 S. WACKER DR 34TH FLOOR CHICAGO, IL 60606	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
HARBOR INTERNATIONAL INSTITUTIONAL	111 S. WACKER DR 34TH FLOOR CHICAGO, IL 60606	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
COLUMBIA CONVERTIBLESECURITIES FD A	225 FRANKLIN ST BX25 10320 BOSTON, MA 02110	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
COLUMBIA SELECT INTL EQUITY CLASS A 225 FRANKLIN ST BX25 10320 BOSTON, MA 02110	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
COLUMBIA DISCIPLINEDVALUE FD CL A 225 FRANKLIN ST BX25 10320 BOSTON, MA 02110	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
BARON SMALL CAP FD 767 5TH AVENUE 49TH FLOOR NEW YORK, NY 10153	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
AMG YACKTMAN FUND I 600 STEAMBOAT ROAD SUITE 300 GREENWICH, CT 06830	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

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

A Name of plan
PULMONARY MEDICINE ASSOCIATES MEDICAL GROUP, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
PULMONARY MEDICINE ASSOCIATES MEDICAL GROUP, INC.

D Employer Identification Number (EIN)
94-2221434

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2069515	1079675
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	4167279	5432795
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	17429422	22398887
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	182	182

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**	0	0
	(2) Employer real property	**1d(2)**	0	0
e	Buildings and other property used in plan operation	**1e**	0	0
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	23666398	28911539
	Liabilities			
g	Benefit claims payable	**1g**	0	0
h	Operating payables	**1h**	0	0
i	Acquisition indebtedness	**1i**	0	0
j	Other liabilities	**1j**	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	23666398	28911539

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	**2a(1)(A)**	1190318	
	(B) Participants	**2a(1)(B)**	778870	
	(C) Others (including rollovers)	**2a(1)(C)**	351	
	(2) Noncash contributions	**2a(2)**	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		1969539
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	8142	
	(B) U.S. Government securities	**2b(1)(B)**	0	
	(C) Corporate debt instruments	**2b(1)(C)**	0	
	(D) Loans (other than to participants)	**2b(1)(D)**	0	
	(E) Participant loans	**2b(1)(E)**	0	
	(F) Other	**2b(1)(F)**	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		8142
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**	0	
	(B) Common stock	**2b(2)(B)**	41347	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	1177321	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		1218668
	(3) Rents	**2b(3)**		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	3307228	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	3225323	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		81905
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**	0	
	(B) Other	**2b(5)(B)**	664473	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		664473

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2133855
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		6076582
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	825244	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		825244
f Corrective distributions (see instructions)	2f		3335
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	1305	
(4) Other	2i(4)	1557	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		2862
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		831441
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		5245141
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: LEE CPA AUDIT GROUP **(2)** EIN: 81-4637885

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

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

A Name of plan
PULMONARY MEDICINE ASSOCIATES MEDICAL GROUP, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
PULMONARY MEDICINE ASSOCIATES MEDICAL GROUP, INC.

D Employer Identification Number (EIN)
94-2221434

Part I Distributions

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

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

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

EIN(s): 04-6568107

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

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): _____

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PULMONARY MEDICINE ASSOCIATES MEDICAL GROUP, INC.
401(K) PROFIT SHARING PLAN

EIN 94-2221434
PLAN NUMBER: 003
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Interest-bearing Cash			
*	Fidelity Cash Reserves	Cash	**	$ 899,060
*	FID Govt Mmkt	Money Market Fund	**	180,615
	Total Interest-bearing Cash			1,079,675
	Rights/Warrants			
*	Sanofi-Aventis Formerly	Rights / Warrants	**	182
	Common Stock			
*	Transocean Ltd Zug Namen -AKT	615.229 Shares	**	6,571
*	Amazon.com Inc NFS LLC Is A Market	60.000 Shares	**	70,168
*	American Express Co NFS IS A Market	870.000 Shares	**	86,400
*	Apple Computer Inc. NFS LLC IS A Specialist	652.339 Shares	**	110,395
*	Autodesk Inc. NFS LLC IS A Market	4,000.000 Shares	**	419,320
*	Autonation Inc NFS Is A Specialist	1,580.000 Shares	**	81,101
*	Autozone Inc NEV	140.000 Shares	**	99,592
*	Bank of America Corp	402.741 Shares	**	11,889
*	Berkshire Hathaway Inc Del Cl B New	2,715.000 Shares	**	538,167
*	Boston Scientific NFS IS A Specialist	4,000.000 Shares	**	99,160
*	Brookfield Asset Mgmt Inc Com Voting	2,945.000 Shares	**	128,225
*	CBS Corp New Cl B	216.801 Shares	**	12,791
*	Cadence Design Systems Inc.	722.000 Shares	**	30,194
*	Celgene Corp NFS LLC IS A Market	8,000.000 Shares	**	834,880
*	Chevrontexaco Corp	128.977 Shares	**	16,147
*	Chipotle Mexican Grill Inc CL A	210.000 Shares	**	60,696
*	Cimpress N V Shs Euro	735.000 Shares	**	88,112
*	Dell Technologies Inc Com CL V	1,059.000 Shares	**	86,076
*	Electronics For Imaging Inc	1,000.000 Shares	**	29,530
*	Express Scripts Hldg Co Com	1,400.000 Shares	**	104,496
*	Fedex Corp NFS LLC IS A	455.000 Shares	**	113,541
*	Hanesbrand Inc Com	3,960.000 Shares	**	82,804
*	Hurco Co Frmly Hurco Mfg Inc	523.618 Shares	**	22,097
*	Ingredion Inc Com USD 0.01	880.000 Shares	**	123,024
*	Intl Business Mach Nfs Is A Specialist	560.000 Shares	**	85,915
*	Ipg Photonics Corp Com	60.000 Shares	**	12,848
*	Koninlijke Philips Electrs Nv	250.000 Shares	**	9,450
*	Lands End Inc Com USD 0.01	150.000 Shares	**	2,933
*	LKQ Corp	1,985.000 Shares	**	80,730
*	Medicines Co	2,000.000 Shares	**	54,680
*	Mulecoft Inc Cl A	3,000.000 Shares	**	69,780
*	Netflix Com Inc Com	250.000 Shares	**	47,990
*	Nvidia Corp Nfs LLC Is A Market	1,071.000 Shares	**	207,239
*	Palatin Technologies Inc Com	100.000 Shares	**	86
*	Piper Jaffray Cos Com	20.384 Shares	**	1,758
*	Power Integrations Inc.	1,065.797 Shares	**	78,389
*	Qorvo Inc Com ISIN #US74736K1016	125.000 Shares	**	8,325
*	Qualcomm Inc NFS LLC IS A Markt	1,945.000 Shares	**	124,519
*	Sears Canada	214.000 Shares	**	2
*	Sears Hldgs Corp	500.000 Shares	**	1,790
*	Sears Hometown & Outlet Stores Inc.	114.000 Shares	**	296
*	Skyworks Solutions Inc Com	366.342 Shares	**	34,784
*	Spectrum Brands Hldgs Inc Com	885.000 Shares	**	99,474
*	Splunk Inc Com USD 0.001	125.000 Shares	**	10,355
*	Suncor Energy Inc New Com	3,595.000 Shares	**	132,008
*	Symantec Corp NFS LLC IS A Market	1,345.652 Shares	**	37,759
*	Texas Instruments, Inc.	4,144.523 Shares	**	432,854

PULMONARY MEDICINE ASSOCIATES MEDICAL GROUP, INC.
401(K) PROFIT SHARING PLAN

EIN 94-2221434
PLAN NUMBER: 003
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2017

*	Tivo Corp Com	112.522 Shares	**	1,755
*	US Bancorp Del Com New	2,566.657 Shares	**	137,521
*	Unitedhealth Group NFS IS A Specialist	1,128.020 Shares	**	248,683
*	Viacom Inc New CL B	208.454 Shares	**	6,422
*	Walgreens Boots Alliance Inc Com	1,015.000 Shares	**	73,709
*	Wells Fargo & Co New	2,150.000 Shares	**	130,441
*	Western Digital Corp Del	514.643 Shares	**	40,930
*	Xcerra Corp	408.000 Shares	**	3,994
	Total Common Stock			5,432,795
	Registered Investment Companies			
*	Cushing Energy Income Com SH BEN	Registered Investment Company	**	9
*	Ishares Tr S&P 500 Index Fd	Registered Investment Company	**	120,983
*	Powershares QQQ TR Unit Ser 1	Registered Investment Company	**	92,677
*	Seritage Growth Pptys Cl A	Registered Investment Company	**	10,642
*	Tekla Healthcare Invs Sh Ben Int	Registered Investment Company	**	189,203
*	Tekla Life Sciences Invs Sh Ben Int	Registered Investment Company	**	55,985
*	Wells Fargo Adv Emerging Mrkts Eq A	Registered Investment Company	**	7,035
*	Columbia Large Val Quantative Fd CL A	Registered Investment Company	**	35,498
*	Columbia Multi Adv Intl Equity Class A	Registered Investment Company	**	36,048
*	Columbia Convertible Securities Fd A	Registered Investment Company	**	16,243
*	Harbor International	Registered Investment Company	**	20,960
*	Harbor International Investor Shares	Registered Investment Company	**	1,157
*	Heartland Select Value	Registered Investment Company	**	1,485
*	Janus High Yield Bond	Registered Investment Company	**	1,220
*	Loomis Sayles Global Bond Retail	Registered Investment Company	**	530
*	Mainstay S&P 500 Index Cl A	Registered Investment Company	**	446
*	Metropolitan West Total Return Bond	Registered Investment Company	**	186,378
*	Northern Small Cap Value	Registered Investment Company	**	1,562
*	Sunamerica Strategic Bond Class A	Registered Investment Company	**	38,155
*	Sunamerica High Yield Bond Class A	Registered Investment Company	**	37,555
*	Vanguard Balanced Index	Registered Investment Company	**	270,957
*	Victory RS Growth Fund Cl A	Registered Investment Company	**	58,206
*	Victory RS Small Cap Growth Fund Cl A	Registered Investment Company	**	73,474
*	Baron Small Cap FD	Registered Investment Company	**	1,516
*	Fidelity Select Banking Portfolio	Registered Investment Company	**	74,725
*	Fidelity Selct Biotechnology	Registered Investment Company	**	28,721
*	Fidelity Trend	Registered Investment Company	**	912
*	Fidelity Select Financial Svcs	Registered Investment Company	**	75,099
*	Fidelity Int'l Growth & Income	Registered Investment Company	**	21,758
*	Fidelity Int'l Small Cap	Registered Investment Company	**	140,248
*	Fidelity Diversified International	Registered Investment Company	**	147,264
*	Fidelity Emerging Markets	Registered Investment Company	**	66,627
*	Sprtn Total Mkt Indx FID Advantage Class	Registered Investment Company	**	215,820
*	Spartan S/T Treas Bd FID Advantage Class	Registered Investment Company	**	442,778
*	Spartan Intl Index FID Advantage Class	Registered Investment Company	**	264,305
*	Spartan Ext Mkt Indx FID Advantage Class	Registered Investment Company	**	22,859
*	Fidelity Floating Rate High Income	Registered Investment Company	**	407,115
*	Fidelity Contrafund	Registered Investment Company	**	273,855
*	Fidelity Convertible Securities	Registered Investment Company	**	617
*	Fidelity Investment Grade	Registered Investment Company	**	81,514
*	Fidelity Short Term Bond	Registered Investment Company	**	25,274
*	Spartan Small Cap Index FID Adv Class	Registered Investment Company	**	115,960
*	Spartan Real Estate Index FID Adv Class	Registered Investment Company	**	44,069
*	Fidelity Total Bond	Registered Investment Company	**	296,971

PULMONARY MEDICINE ASSOCIATES MEDICAL GROUP, INC.
401(K) PROFIT SHARING PLAN

EIN 94-2221434
PLAN NUMBER: 003
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2017

*	Fidelity Puritan	Registered Investment Company	**	1,522
*	Fidelity Low Priced Stock	Registered Investment Company	**	22,306
*	ABF Lg Cap Val Inv	Registered Investment Company	**	509,428
*	Loomis Sm Cap Val R	Registered Investment Company	**	701,247
*	Baron Asset Inst	Registered Investment Company	**	605,002
*	VRS Small Cap Grth Y	Registered Investment Company	**	242,787
*	WF Emrg Mkts Eq Adm	Registered Investment Company	**	69,169
*	NB High Inc Bond IS	Registered Investment Company	**	157,401
*	FID Total Bond	Registered Investment Company	**	346,134
*	FID Ext Mkt Idx PR	Registered Investment Company	**	226,677
*	FID Intl Index PR	Registered Investment Company	**	438,880
*	FID 500 Index PR	Registered Investment Company	**	869,411
*	FID Balanced K	Registered Investment Company	**	533,720
*	FID Cap Apprec K	Registered Investment Company	**	513,225
*	FID Disciplnd Eq K	Registered Investment Company	**	132,120
*	FID Intl Discovery K	Registered Investment Company	**	398,580
*	FID Value K	Registered Investment Company	**	835,589
*	FID Freedom Inc K	Registered Investment Company	**	103,025
*	FID Freedon 2005 K	Registered Investment Company	**	88,393
*	FID Freedon 2010 K	Registered Investment Company	**	29,285
*	FID Freedon 2015 K	Registered Investment Company	**	494,417
*	FID Freedon 2020 K	Registered Investment Company	**	1,956,159
*	FID Freedon 2025 K	Registered Investment Company	**	2,519,853
*	FID Freedon 2030 K	Registered Investment Company	**	1,645,429
*	FID Freedon 2035 K	Registered Investment Company	**	2,148,575
*	FID Freedon 2040 K	Registered Investment Company	**	881,652
*	FID Freedon 2045 K	Registered Investment Company	**	473,695
*	FID Freedon 2050 K	Registered Investment Company	**	368,307
*	FID Freedon 2055 K	Registered Investment Company	**	962,902
*	FID Freedon 2060 K	Registered Investment Company	**	15,686
*	FID Infl Pr Idx PR	Registered Investment Company	**	68,980
*	FID Sm Cap Idx Pr	Registered Investment Company	**	34,916
	Total Registered Investment Companies			22,398,887
	Total Investments			$ 28,911,539

* Denotes party-in-interest
** Not applicable as all investments are participant-directed

PULMONARY MEDICINE ASSOCIATES MEDICAL GROUP, INC.
401(K) PROFIT SHARING PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2017 AND 2016
AND FOR THE YEAR ENDED DECEMBER 31, 2017

LEE CPA
AUDIT GROUP

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LEE CPA
AUDIT GROUP

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INDEPENDENT AUDITORS' REPORT

To the Pulmonary Medicine Associates Medical Group, Inc. 401(k) Profit Sharing Plan Sponsor
Sacramento, CA

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Pulmonary Medicine Associates Medical Group, Inc. 401(k) Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management 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, 2017 and 2016, and for the year ended December 31, 2017, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

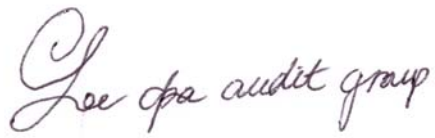
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter – Supplementary Information

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2017, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



Folsom, California
June 22, 2018

PULMONARY MEDICINE ASSOCIATES MEDICAL GROUP, INC.
401(K) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2017 AND 2016

ASSETS

	2017	2016
Investments, at fair value:		
Interest-bearing cash (note 4)	$ 1,079,675	$ 2,069,515
Corporate stock, common (note 4)	5,432,795	4,167,279
Registered investment companies (note 4)	22,398,887	17,429,422
Rights/Warrants (note 4)	182	182
Total investments	28,911,539	23,666,398
Receivables		
Participant contributions	25,721	-
Total receivables	25,721	-
Total assets	28,937,260	23,666,398
Net assets available for benefits	$ 28,937,260	$ 23,666,398

See the accompanying notes to these financial statements.

PULMONARY MEDICINE ASSOCIATES MEDICAL GROUP, INC.
401(K) PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2017

Additions:		
Investment income:		
Net appreciation in fair value of investments	$	2,880,234
Interest and dividends		1,226,810
Net investment gain		4,107,044
Contributions:		
Employer		1,190,318
Participant		804,591
Rollovers		351
Total contributions		1,995,260
Total additions		6,102,304
Deductions:		
Benefits paid to participants		828,580
Expenses		2,862
Total deductions		831,442
Net increase in net assets available for benefits		5,270,862
Net assets available for benefits:		
Beginning of year		23,666,398
End of year	$	28,937,260

See the accompanying notes to these financial statements.

NOTE 1: DESCRIPTION OF PLAN

The following description of the Pulmonary Medicine Associates Medical Group, Inc. 401(k) Profit Sharing Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a participant directed defined contribution plan covering all eligible employees of the Pulmonary Medicine Associates Medical Group, Inc. (the Company) with retirement benefits in accordance with section 401(k) of the Internal Revenue Code (the IRC). To be eligible to participate in the Plan, employees must have reached the age of twenty-one and have completed three months of service with the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was established on January 1, 1994.

Contributions

Participants elect to have amounts withheld from their paychecks and contributed to the Plan by the Company. Participants who have attained age 50 before the end of the Plan year are eligible to make catch up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The Company makes non-elective contributions in an amount equal to 4% of the participant’s eligible compensation. The Company can make discretionary profit sharing contribution in an amount as determined by the Company. Company contributions are made in the ratio that each participant’s compensation bears to the compensation of all eligible participants. All of the foregoing contributions are subject to limits as set by federal law.

Participant Accounts

Each participant’s account is credited with the participant’s own contributions, an allocation of the Company’s contributions, and an allocation of net earnings from investments and changes in investment values. Allocations are based on each participant’s contributions, earnings, or account balances, as defined by the Plan agreement. The benefit to which a participant is entitled is limited to the benefit that can be provided from the participant’s account. Participants select the investments into which their contributions are invested.

NOTE 1: DESCRIPTION OF PLAN (CONTINUED)

Vesting

Participants are always fully vested in their own contributions, the Company's "safe harbor" contributions, and all earnings thereon. Participants vest in Company's discretionary profit sharing contributions at the rate of 20% for each year of service until fully vested, beginning after two years of credited service. Participants are fully vested in Company contributions after six years of credited service.

Payment of Benefits

Upon termination of service for any reason, a participant is entitled to receive the value of the vested interest in his or her account as a lump-sum and installment distribution.

Forfeitures

Generally, when a participant terminates participation in the Plan, the nonvested portion of the participant's account, as defined by the Plan, represents a forfeiture. Forfeitures are utilized to reduce the Company matching contributions for the Plan year. However, if the participant is reemployed and fulfills certain requirements, as defined in the Plan, the participant's account will be reinstated.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared using the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions which affect the reported amounts of net assets available for benefits at the date of the financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair Value is the price that would be received to sell an asset or paid to transfer liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by its investment advisors, trustees, and insurance company. See Note 4 for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Reclassifications

Certain 2016 balances have been reclassified to conform to the 2017 financial statement presentation.

NOTE 3: INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA. Accordingly, Fidelity Management Trust Company, the custodian of the Plan, has certified as being complete and accurate the following information as of December 31, 2017 and 2016 and for the year ended December 31, 2017.

- Investments reflected on the accompanying statements of net assets available for benefits
- Net appreciation in fair value of investments and interest, dividends reflected on the accompanying statement of changes in net assets available for benefits
- Investments reflected on the schedule of assets (held at end of year)

NOTE 4: FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC Topic 820 are described as follows:

Level 1) Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

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.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017 and 2016.

Interest-bearing cash: Valued at the daily closing value as reported by the fund.

Common Stock: Valued at the closing price reported on the Stock Exchange.

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

NOTE 4: FAIR VALUE MEASUREMENTS (CONTINUED)

Rights/Warrants: The fair value of each stock option (warrant) grant is estimated on the date of grant using the Black-Scholes option-pricing model. The expected life of stock options (warrants) represents the period of time that the stock options (warrants) are expected to be outstanding, based on the simplified method allowed under GAAP. Expected volatilities are based on historical volatility of a peer company's common stock, among other factors.

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

Net appreciation in fair value of investments includes net unrealized and net realized gains and losses on investments during the year and is presented net of investment expenses. Investment income is allocated to individual participant accounts based upon the participant's share of the investment fund.

As of December 31, 2017, assets in the plan, as defined by ASC Topic 820, were as follows:

	Assets at fair value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	$ 1,079,675	$ -	$ -	$ 1,079,675
Corporate stock, common	5,432,795	-	-	5,432,795
Registered investment companies	22,398,887	-	-	22,398,887
Warrants	-	182	-	182
Total investments, at fair value	$ 28,911,357	$ 182	$ -	$ 28,911,539

As of December 31, 2016, assets in the plan, as defined by ASC Topic 820, were as follows:

	Assets at fair value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	$ 2,069,515	$ -	$ -	$ 2,069,515
Corporate stock, common	4,167,279	-	-	4,167,279
Registered investment companies	17,429,422	-	-	17,429,422
Warrants	-	182	-	182
Total investments, at fair value	$ 23,666,216	$ 182	$ -	$ 23,666,398

NOTE 5: PLAN TERMINATION

Although the Company expects to continue the Plan indefinitely, it has the right under the Plan to suspend its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested on their accounts and all accounts will be distributed to participants.

NOTE 6: RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 7: TAX STATUS

On March 31, 2014, the IRS stated that the prototype adopted by the Plan, as then designed, qualifies under Internal Revenue Code (IRC) Section 401(a). The Plan has not received a determination letter specific to the Plan itself; however, the Plan administrator and the Plan's tax counsel believe that the Plan was designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognizes tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable authorities. 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 examination for years prior to 2014.

NOTE 8: PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the trustee as defined by the Plan, and therefore, these investments and investment transactions qualifies as party-in-interest transactions. Additionally, the Plan sponsor, Pulmonary Medicine Associates Medical Group, Inc., is a party-in-interest to the Plan; however, there were no transactions with the Plan sponsor other than the funding of contributions to the Plan and payment of certain administrative expenses of the Plan.

NOTE 9: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2017 and 2016, to the Plan's Form 5500:

	2017	2016
Net assets available for benefits per the financial statements	$ 28,937,260	$ 23,666,398
Participant contributions receivable	(25,721)	-
Net assets available for benefits per the Form 5500	$ 28,911,539	$ 23,666,398

The following is a reconciliation of the change in net assets available for benefits per the financial statements for the year ended December 31, 2017, to Form 5500:

Change in net assets available for plan benefits per financial statements	$ 5,270,862
Less: Participant contribution receivable at December 31, 2017	(25,721)
Change in net assets available for plan benefits per Form 5500	$ 5,245,141

NOTE 10: SUBSEQUENT EVENTS

Subsequent events are events or transactions that occur after the statement of net assets available for benefits date but before the financial statements are available to be issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits but arose after the statement of net assets available for benefits date and before the financial statements are available to be issued.

The plan has evaluated subsequent events through June 22, 2018, the date the financial statements were available to be issued.

Supplemental Schedule

PULMONARY MEDICINE ASSOCIATES MEDICAL GROUP, INC.
401(K) PROFIT SHARING PLAN

EIN 94-2221434
PLAN NUMBER: 003
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Interest-bearing Cash			
*	Fidelity Cash Reserves	Cash	**	$ 899,060
*	FID Govt Mmkt	Money Market Fund	**	180,615
	Total Interest-bearing Cash			1,079,675
	Rights/Warrants			
*	Sanofi-Aventis Formerly	Rights / Warrants	**	182
	Common Stock			
*	Transocean Ltd Zug Namen -AKT	615.229 Shares	**	6,571
*	Amazon.com Inc NFS LLC Is A Market	60.000 Shares	**	70,168
*	American Express Co NFS IS A Market	870.000 Shares	**	86,400
*	Apple Computer Inc. NFS LLC IS A Specialist	652.339 Shares	**	110,395
*	Autodesk Inc. NFS LLC IS A Market	4,000.000 Shares	**	419,320
*	Autonation Inc NFS Is A Specialist	1,580.000 Shares	**	81,101
*	Autozone Inc NEV	140.000 Shares	**	99,592
*	Bank of America Corp	402.741 Shares	**	11,889
*	Berkshire Hathaway Inc Del Cl B New	2,715.000 Shares	**	538,167
*	Boston Scientific NFS IS A Specialist	4,000.000 Shares	**	99,160
*	Brookfield Asset Mgmt Inc Com Voting	2,945.000 Shares	**	128,225
*	CBS Corp New Cl B	216.801 Shares	**	12,791
*	Cadence Design Systems Inc.	722.000 Shares	**	30,194
*	Celgene Corp NFS LLC IS A Market	8,000.000 Shares	**	834,880
*	Chevrontexaco Corp	128.977 Shares	**	16,147
*	Chipotle Mexican Grill Inc CL A	210.000 Shares	**	60,696
*	Cimpress N V Shs Euro	735.000 Shares	**	88,112
*	Dell Technologies Inc Com CL V	1,059.000 Shares	**	86,076
*	Electronics For Imaging Inc	1,000.000 Shares	**	29,530
*	Express Scripts Hldg Co Com	1,400.000 Shares	**	104,496
*	Fedex Corp NFS LLC IS A	455.000 Shares	**	113,541
*	Hanesbrand Inc Com	3,960.000 Shares	**	82,804
*	Hurco Co Frmly Hurco Mfg Inc	523.618 Shares	**	22,097
*	Ingredion Inc Com USD 0.01	880.000 Shares	**	123,024
*	Intl Business Mach Nfs Is A Specialist	560.000 Shares	**	85,915
*	Ipg Photonics Corp Com	60.000 Shares	**	12,848
*	Koninlijke Philips Electrs Nv	250.000 Shares	**	9,450
*	Lands End Inc Com USD 0.01	150.000 Shares	**	2,933
*	LKQ Corp	1,985.000 Shares	**	80,730
*	Medicines Co	2,000.000 Shares	**	54,680
*	Mulecoft Inc Cl A	3,000.000 Shares	**	69,780
*	Netflix Com Inc Com	250.000 Shares	**	47,990
*	Nvidia Corp Nfs LLC Is A Market	1,071.000 Shares	**	207,239
*	Palatin Technologies Inc Com	100.000 Shares	**	86
*	Piper Jaffray Cos Com	20.384 Shares	**	1,758
*	Power Integrations Inc.	1,065.797 Shares	**	78,389
*	Qorvo Inc Com ISIN #US74736K1016	125.000 Shares	**	8,325
*	Qualcomm Inc NFS LLC IS A Markt	1,945.000 Shares	**	124,519
*	Sears Canada	214.000 Shares	**	2
*	Sears Hldgs Corp	500.000 Shares	**	1,790
*	Sears Hometown & Outlet Stores Inc.	114.000 Shares	**	296
*	Skyworks Solutions Inc Com	366.342 Shares	**	34,784
*	Spectrum Brands Hldgs Inc Com	885.000 Shares	**	99,474
*	Splunk Inc Com USD 0.001	125.000 Shares	**	10,355
*	Suncor Energy Inc New Com	3,595.000 Shares	**	132,008
*	Symantec Corp NFS LLC IS A Market	1,345.652 Shares	**	37,759
*	Texas Instruments, Inc.	4,144.523 Shares	**	432,854

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*	Tivo Corp Com	112.522 Shares	**	1,755
*	US Bancorp Del Com New	2,566.657 Shares	**	137,521
*	Unitedhealth Group NFS IS A Specialist	1,128.020 Shares	**	248,683
*	Viacom Inc New CL B	208.454 Shares	**	6,422
*	Walgreens Boots Alliance Inc Com	1,015.000 Shares	**	73,709
*	Wells Fargo & Co New	2,150.000 Shares	**	130,441
*	Western Digital Corp Del	514.643 Shares	**	40,930
*	Xcerra Corp	408.000 Shares	**	3,994
	Total Common Stock			5,432,795
	Registered Investment Companies			
*	Cushing Energy Income Com SH BEN	Registered Investment Company	**	9
*	Ishares Tr S&P 500 Index Fd	Registered Investment Company	**	120,983
*	Powershares QQQ TR Unit Ser 1	Registered Investment Company	**	92,677
*	Seritage Growth Pptys Cl A	Registered Investment Company	**	10,642
*	Tekla Healthcare Invs Sh Ben Int	Registered Investment Company	**	189,203
*	Tekla Life Sciences Invs Sh Ben Int	Registered Investment Company	**	55,985
*	Wells Fargo Adv Emerging Mrkts Eq A	Registered Investment Company	**	7,035
*	Columbia Large Val Quantative Fd CL A	Registered Investment Company	**	35,498
*	Columbia Multi Adv Intl Equity Class A	Registered Investment Company	**	36,048
*	Columbia Convertible Securities Fd A	Registered Investment Company	**	16,243
*	Harbor International	Registered Investment Company	**	20,960
*	Harbor International Investor Shares	Registered Investment Company	**	1,157
*	Heartland Select Value	Registered Investment Company	**	1,485
*	Janus High Yield Bond	Registered Investment Company	**	1,220
*	Loomis Sayles Global Bond Retail	Registered Investment Company	**	530
*	Mainstay S&P 500 Index Cl A	Registered Investment Company	**	446
*	Metropolitan West Total Return Bond	Registered Investment Company	**	186,378
*	Northern Small Cap Value	Registered Investment Company	**	1,562
*	Sunamerica Strategic Bond Class A	Registered Investment Company	**	38,155
*	Sunamerica High Yield Bond Class A	Registered Investment Company	**	37,555
*	Vanguard Balanced Index	Registered Investment Company	**	270,957
*	Victory RS Growth Fund Cl A	Registered Investment Company	**	58,206
*	Victory RS Small Cap Growth Fund Cl A	Registered Investment Company	**	73,474
*	Baron Small Cap FD	Registered Investment Company	**	1,516
*	Fidelity Select Banking Portfolio	Registered Investment Company	**	74,725
*	Fidelity Selct Biotechnology	Registered Investment Company	**	28,721
*	Fidelity Trend	Registered Investment Company	**	912
*	Fidelity Select Financial Svcs	Registered Investment Company	**	75,099
*	Fidelity Int'l Growth & Income	Registered Investment Company	**	21,758
*	Fidelity Int'l Small Cap	Registered Investment Company	**	140,248
*	Fidelity Diversified International	Registered Investment Company	**	147,264
*	Fidelity Emerging Markets	Registered Investment Company	**	66,627
*	Sprtn Total Mkt Indx FID Advantage Class	Registered Investment Company	**	215,820
*	Spartan S/T Treas Bd FID Advantage Class	Registered Investment Company	**	442,778
*	Spartan Intl Index FID Advantage Class	Registered Investment Company	**	264,305
*	Spartan Ext Mkt Indx FID Advantage Class	Registered Investment Company	**	22,859
*	Fidelity Floating Rate High Income	Registered Investment Company	**	407,115
*	Fidelity Contrafund	Registered Investment Company	**	273,855
*	Fidelity Convertible Securities	Registered Investment Company	**	617
*	Fidelity Investment Grade	Registered Investment Company	**	81,514
*	Fidelity Short Term Bond	Registered Investment Company	**	25,274
*	Spartan Small Cap Index FID Adv Class	Registered Investment Company	**	115,960
*	Spartan Real Estate Index FID Adv Class	Registered Investment Company	**	44,069
*	Fidelity Total Bond	Registered Investment Company	**	296,971

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*	Fidelity Puritan	Registered Investment Company	**	1,522
*	Fidelity Low Priced Stock	Registered Investment Company	**	22,306
*	ABF Lg Cap Val Inv	Registered Investment Company	**	509,428
*	Loomis Sm Cap Val R	Registered Investment Company	**	701,247
*	Baron Asset Inst	Registered Investment Company	**	605,002
*	VRS Small Cap Grth Y	Registered Investment Company	**	242,787
*	WF Emrg Mkts Eq Adm	Registered Investment Company	**	69,169
*	NB High Inc Bond IS	Registered Investment Company	**	157,401
*	FID Total Bond	Registered Investment Company	**	346,134
*	FID Ext Mkt Idx PR	Registered Investment Company	**	226,677
*	FID Intl Index PR	Registered Investment Company	**	438,880
*	FID 500 Index PR	Registered Investment Company	**	869,411
*	FID Balanced K	Registered Investment Company	**	533,720
*	FID Cap Apprec K	Registered Investment Company	**	513,225
*	FID Disciplnd Eq K	Registered Investment Company	**	132,120
*	FID Intl Discovery K	Registered Investment Company	**	398,580
*	FID Value K	Registered Investment Company	**	835,589
*	FID Freedom Inc K	Registered Investment Company	**	103,025
*	FID Freedon 2005 K	Registered Investment Company	**	88,393
*	FID Freedon 2010 K	Registered Investment Company	**	29,285
*	FID Freedon 2015 K	Registered Investment Company	**	494,417
*	FID Freedon 2020 K	Registered Investment Company	**	1,956,159
*	FID Freedon 2025 K	Registered Investment Company	**	2,519,853
*	FID Freedon 2030 K	Registered Investment Company	**	1,645,429
*	FID Freedon 2035 K	Registered Investment Company	**	2,148,575
*	FID Freedon 2040 K	Registered Investment Company	**	881,652
*	FID Freedon 2045 K	Registered Investment Company	**	473,695
*	FID Freedon 2050 K	Registered Investment Company	**	368,307
*	FID Freedon 2055 K	Registered Investment Company	**	962,902
*	FID Freedon 2060 K	Registered Investment Company	**	15,686
*	FID Infl Pr Idx PR	Registered Investment Company	**	68,980
*	FID Sm Cap Idx Pr	Registered Investment Company	**	34,916
	Total Registered Investment Companies			22,398,887
	Total Investments			$ 28,911,539

* Denotes party-in-interest
** Not applicable as all investments are participant-directed