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
SAN BERNARDINO MEDICAL ORTHOPAEDIC GROUP, INC. DBA ARROWHEAD ORTHOPAEDICS 401K PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1990

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)

SAN BERNARDINO MEDICAL ORTHOPAEDIC GROUP, INC.
ARROWHEAD ORTHOPEDIC MEDICAL GROUP

1801 ORANGE TREE LANE, SUITE 240
SUITE 240
REDLANDS, CA 92374

2b Employer Identification Number (EIN)
33-0376200

2c Plan Sponsor's telephone number
909-557-1600

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.	09/24/2018	NABIL RAZZOUK
	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**	293
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)**	235
a(2) Total number of active participants at the end of the plan year	**6a(2)**	270
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	64
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	334
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	334
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	334
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	17
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 2T 3D 2D

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)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(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)** [ ] **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)** [ ] 0 **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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

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

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

OMB No. 1210-0110

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
SAN BERNARDINO MEDICAL ORTHOPAEDIC GROUP, INC. DBA ARROWHEAD ORTHOPAEDICS 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SAN BERNARDINO MEDICAL ORTHOPAEDIC GROUP, INC.

D Employer Identification Number (EIN)
33-0376200

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

LPL FINANCIAL, LLC
P.O. BOX 509026
SAN DIEGO, CA 92150-3091

(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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(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?
51 28 50 26 15 38 52	INVESTMENT MANAGER	62559	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

INLAND COUNTIES PENSION SERVICES

202 E. AIRPORT DRIVE
SUITE 250
SAN BERNARDINO, CA 92408

33-0074418

(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?
13 17 50	TPA CONTRACT ADMIN.	11767	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LPL FINANCIAL

P.O. BOX 502533
SAN DIEGO, CA 92150-2533

95-2834236

(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?
50 27	ADVISORY/SERVICE PROVI	11744	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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(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
SAN BERNARDINO MEDICAL ORTHOPAEDIC GROUP, INC. DBA ARROWHEAD ORTHOPAEDICS 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SAN BERNARDINO MEDICAL ORTHOPAEDIC GROUP, INC.

D Employer Identification Number (EIN)
33-0376200

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	688809	850573
(2) Participant contributions	1b(2)	6	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	30912	119444
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	280531	223061
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10098346	12985766
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	11098604	14178844
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	11098604	14178844

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)	850573	
	(B) Participants	2a(1)(B)	557104	
	(C) Others (including rollovers)	2a(1)(C)	137115	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1544792
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	11797	
	(F) Other	2b(1)(F)	17	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		11814
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	319706	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		319706
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1837906
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3714218
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	548022	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		548022
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	24186	
(3) Investment advisory and management fees	2i(3)	61770	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		85956
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		633978
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3080240
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: ROGERS ANDERSON MALODY & SCOTT, CPA **(2)** EIN: 95-2662063

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

San Bernardino Medical Orthopaedic Group, Inc. Profit Sharing Plan

Financial Statements
and
Supplemental Schedules
with Independent Auditors' Report

December 31, 2017 and 2016

San Bernardino Medical Orthopaedic Group, Inc.
Profit Sharing Plan

Table of Contents

	Page
Independent Auditor's Report	1
Financial Statements	
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
Supplemental Schedule	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	13

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Independent Auditor's Report

To the Retirement Committee of the
San Bernardino Medical Orthopaedic Group, Inc.

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the San Bernardino Medical Orthopaedic Group, Inc. Profit Sharing Plan (Plan), which comprises the statements of net assets available for benefits as of December 31, 2017 and December 31, 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.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Nationwide 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 Nationwide Trust Company held 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 December 31, 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-Supplemental Schedule

The supplemental Schedule of Assets (Held at End of Year), as of December 31, 2017, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental 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 the Employee Retirement Income Security Act of 1974.

Rogers, Anderson, Malody & Scott, LLP.

San Bernardino, California
September 10, 2018

San Bernardino Medical Orthopaedic Group, Inc.
Profit Sharing Plan

Statements of Net Assets Available for Benefits
December 31, 2017 and 2016

	2017	2016
Assets		
Investments at fair value		
Mutual funds	$ 12,985,766	$ 10,098,346
Investments at contract value		
Guaranteed investment account	119,444	30,912
Receivables		
Employer contribution	850,573	688,809
Notes receivable from participants	223,061	280,531
Participants contribution	-	6
Total assets	14,178,844	11,098,604
Net assets available for benefits	$ 14,178,844	$ 11,098,604

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

San Bernardino Medical Orthopaedic Group, Inc.
Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2017

Additions to Net Assets Attributed to:	
Contributions:	
Employer	$ 850,573
Participants	557,104
Rollovers	137,115
Total contributions	1,544,792
Investment Income:	
Dividend Income	319,706
Net appreciation in fair value of mutual funds	1,837,906
Other	17
Total investment income	2,157,629
Interest income on notes receivable from participants	11,797
Total additions	3,714,218
Deductions from Net Assets Attributed to:	
Benefits paid to participants	(548,022)
Administrative expenses	(85,956)
Total deductions	(633,978)
Net increase	3,080,240
Net assets available for benefits	
Beginning of year	11,098,604
End of year	$ 14,178,844

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

1. Description of Plan

The following description of the San Bernardino Medical Orthopaedic Group, Inc. Profit Sharing Plan (Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan providing benefits to all employees of San Bernardino Medical Orthopaedic Group, Inc. (the Company) who have been employed at least one year, have minimum of 1,000 service hours, and are age twenty-one.

Contributions

Under the provisions of the Plan, each active participant may enter into a salary deferral agreement with the Company, up to the maximum allowable amount as determined yearly by the Internal Revenue Service. Participants may also contribute amounts representing distributions from other qualified benefit or contribution plans.

The Company provides a safe-harbor non-elective contribution equal to three percent of each eligible employee's compensation. The Company may also elect to make a profit-sharing contribution at the discretion of the Board of Directors. For the year ended December 31, 2017, the Company elected to make profit-sharing contribution of three percent of each eligible employee's compensation.

Participant Accounts

An account is maintained for each participant. The participant's account is credited with the participant's contribution, the Company's safe-harbor non-elective contribution and profit-sharing contribution, and the participant's share of Plan earnings and losses.

Vesting

Participants are immediately vested in their contribution plus earnings thereon and the Company's safe-harbor non-elective contributions. Vesting in the Company's discretionary profit-sharing contribution plus earnings thereon is based on years of continuous service. After one year of service, a participant becomes 33.33 percent vested. Each service year thereafter will increases the participant's vesting by 33.33 percent, with 100 percent vesting after three years of service. For vesting purposes, 1000 hours is a person's year of service.

Investment Option

Each participant directs their own contributions and the Company's contributions to their accounts in any number of investment options offered by the Plan. The investment options are comprised of various mutual funds and a guaranteed investment account.

1. Description of Plan (continued)

Notes Receivable from Participants

Participants may borrow from their accounts up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance. The loans are secured by the vested balance in the participant's account and bear interest at a rate of 5.25 to 6.25 percent, which is commensurate with local prevailing rates as determined periodically by the Plan Administrator. Principal and interest are repaid ratably through payroll deductions. Any outstanding loan balance will become due and payable in its entirety upon occurrence of a distributable event.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in their account, or monthly installments for the duration of the lesser of the available account balance or the participant's life expectancy. Participants who terminate employment shall receive the value of the vested interest in their account as lump-sum distributions.

Forfeited Accounts

At December 31, 2017 and 2016, forfeited non-vested accounts totaled $2,509 and $7,234 respectively. These funds are available to reduce future Company contributions. During the year ended December 31, 2017, the Company's contributions were reduced by $2,509 from forfeited non-vested accounts.

2. Summary of Significant Accounting Policies

Plan management determines the accounting principles to be used in the preparation of financial statements. A description of the significant accounting policies employed in the preparation of these financial statements follows:

Basis of Accounting

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Administrator determines the Plan's valuation policies utilizing information provided by the Plan Trustees. See Note 4 for 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 and depreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as investments held during the year.

2. Summary of Significant Accounting Policies (continued)

Notes Receivable from Participants

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

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administrator of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Fees related to the recordkeeping administration of the Plan are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation or depreciation of fair value of investments.

Use of Estimates

The preparation of these financial statements requires Plan management to make estimates and assumptions. Those estimates and assumptions affect the reported amounts of net assets available for benefits, net appreciation or depreciation in fair value of investments, as well as disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. There were no excess contributions payable as of December 31, 2017 and 2016.

3. Investments

At December 31, 2017 and 2016, the Plan's investments were held by Nationwide Trust Company (Nationwide), the Trustee of the Plan. All investments held by Nationwide were participant directed.

The following is a summary of the Plan's financial information that is included in the financial statements based on information certified by the Trustee as complete and accurate in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA).

	2017	2016
Investments at fair value:		
Mutual funds	$ 12,985,766	$ 10,098,346
Investments at contract value:		
Guaranteed investment account	119,444	30,912
Total investments	$ 13,105,210	$ 10,129,258
Investment Income:		
Dividend income	$ 319,706	$ 314,246
Net appreciation in fair value of investments	1,837,906	626,461
Other Interest	17	142
Total investment income	$ 2,157,629	$ 940,849

4. Fair Value Measurements

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

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

4. Fair Value Measurements (continued)

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

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

Mutual funds: Valued at the daily closing price as reported by the fund, which represents the net asset value (NAV) of shares held by the Plan at year end.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while Plan management 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.

4. Fair Value Measurements (continued)

The following table sets forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2017:

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 12,985,766	$ -	$ -	$ 12,985,766
Total investments at fair value	$ 12,985,766	$ -	$ -	$ 12,985,766

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

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 10,098,346	$ -	$ -	$ 10,098,346
Total investments at fair value	$ 10,098,346	$ -	$ -	$ 10,098,346

5. Fully Benefit-Responsive Investment Contract

The Plan holds an investment contract that meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

The Plan invests in the Nationwide Fixed Select Contract, in which fully benefit-responsive investment contract value is the relevant measurement attributable for that portion of the net assets available for benefits attributable to the guaranteed investment account. Since fair value approximates contract value, there is no adjustment reflected in these financial statements.

Contract value, as reported to the Plan by Nationwide, represents contributions made under contract, plus earnings, less participant withdrawals and administrative expenses. Participants may direct the withdrawal or transfer of all or portion of their investments at contract value. The investment contract issuer is contractually obligated to repay the principal and a specific interest rate that is guaranteed to the Plan. There are no reserves against the contract value for credit risk of the contract issuer or otherwise.

5. Fully Benefit-Responsive Investment Contract (continued)

The Plan's guaranteed investment account options specify certain conditions under which distributions from the contract would be payable at amounts below contract value. Such circumstances include a Plan termination, a Plan merger, premature contract termination initiated by the Employer, and certain other Employer initiated events that result in distributions exceeding a set amount. Concurrently, management believes it is improbable that an event will occur which would cause the Plan to transact contract distributions at less than contract value.

The crediting interest rate of the contract is based on prevailing market conditions. The interest crediting rate is reset at least quarterly. Average yields for the year ended December 31, 2017 were as follows:

Based on annualized earnings	2.21%
Based on interest rate credited to participants	2.21%

6. Related-Party and Party-in-Interest Transactions

The Plan invests in shares of mutual funds managed by an affiliate of Nationwide. Nationwide acts as Trustee for only those investments as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions which are exempt from the prohibited transaction rules. Fees incurred by the Plan for investment management services are included as a reduction of the return earned on each investment, as the fees are paid through revenue sharing, rather than paid as a direct payment. As described in Note 2, the Company made a direct payment to the third party administrator of $9,952 for maintaining services related to the Plan, which was not covered by revenue sharing. The Company directly pays any other fees related to the Plan's operations.

7. Notes Receivable from Participants

The following table represents the activity in the notes receivable from participants for the year ended December 31, 2017:

	2017	2016
Beginning of year	$ 280,531	$ 276,990
New loans	99,969	111,003
Interest earned	11,797	13,543
Loan repayments	(112,407)	(109,765)
Loan discharges	(56,829)	(11,240)
End of year	$ 223,061	$ 280,531

8. Tax Status

The Plan adopted a Prototype 401(k) Plan, which received a favorable opinion letter from the Internal Revenue Service on March 31, 2008, stating that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the opinion letter. However, the Plan Trustee and Plan management believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

9. 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 the amounts reported in the statement of net assets available for benefits.

10. Subsequent Events

Plan management has considered events occurring through September 10, 2018 in its evaluation of the conditions on which estimates were based or for changes in conditions subsequent to the date of the statement of net assets available for benefits, which should be disclosed. The financial statements were available to be issued at this date.

11. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their Company profit-sharing contributions.

Supplemental Schedule

San Bernardino Medical Orthopaedic Group, Inc.
Profit Sharing Plan

EIN: 33-0376200
Plan Number: 001
Schedule H, Line 4i-Schedule of Assets (Held at Year End)
December 31, 2017

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e) Current value
	Demax	De Emrg Mkt Inst		$ 239,656
	DFA Investment Trust Company	DFA Large Cap International Portfolio Institutional Class		884,029
	DFA Investment Trust Company	DFA U.S. Small Cap Portfolio Institutional Class		877,594
	Federated Institutional Trust Co.	Federated Government Obligations Premier		2,509
	Federated Institutional Trust Co.	Federated Institutional High Yield Bond Fund Instit. Shares		345,358
	Franklin Templeton	Franklin Utilities Fund		5,369
	Invesco	Invesco Diversified Dividend Fund R5 Class		88,105
	Invesco	Invesco Equity & Income Fund R5 Class		30,216
	JP Morgan	Jpm Gr Advtg R6		254,293
	JP Morgan	Jpm Smcap Gr R6		262,264
	Primecap Odsy Trust Co	Primecap Odyssey Aggressive Growth Fund		1,374,529
	Trowepr	Trowepr Media Telcom		2,198
	Virtus	Virtus Seix Ttl Rtn Bd I		162,754
	Vanguard Trust Company	Vanguard Emerging Markets Stock Index Fund Admiral shares		659,501
	Vanguard Trust Company	Vanguard Growth Index Fund Admiral Shares		88,006
	Vanguard Trust Company	Vanguard Selected Value Fund Investor Shares		254,556
	Vanguard Trust Company	Vanguard Small-Cap Index Fund Admiral Shares		11,432
	Vanguard Trust Company	Vanguard Target Retirement 2015 Fund Investor Shares		39,682
	Vanguard Trust Company	Vanguard Target Retirement 2020 Fund Investor Shares		222,054
	Vanguard Trust Company	Vanguard Target Retirement 2025 Fund Investor Shares		839,217
	Vanguard Trust Company	Vanguard Target Retirement 2030 Fund Investor Shares		835,531
	Vanguard Trust Company	Vanguard Target Retirement 2035 Fund Investor Shares		616,968
	Vanguard Trust Company	Vanguard Target Retirement 2040 Fund Investor Shares		945,669
	Vanguard Trust Company	Vanguard Target Retirement 2045 Fund Investor Shares		439,326
	Vanguard Trust Company	Vanguard Target Retirement 2050 Fund Investor Shares		433,040
	Vanguard Trust Company	Vanguard Target Retirement 2055 Fund Investor Shares		247,069
	Vanguard Trust Company	Vanguard Target Retirement 2060 Fund Investors Shares		86,327
	Vanguard Trust Company	Vanguard Target Retirement Income Fund Investor Shares		51,715
	Vanguard Trust Company	Vanguard Total Stock Market Index Fund Admiral Shares		2,684,956
	Vanguard Trust Company	Vanguard Wellesley Invome Fund Admiral Shares		1,843
*	Nationwide Trust Co	Fixed Selected Contract		119,444
*	Participants Notes Receivable	5.25% - 5.50 %		223,061
				$ 13,328,271

* A party-in-interest as defined by ERISA
** Cost omitted for participant-directed investments

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

▶ ARROWHEAD ORTHOPAEDIC GROUP, INC. 401K PROFIT SHARING PLAN

Employer Identification Number: ▶ 33-0376200

For plan year (beginning/ending): ▶ 01/01/2017 / 12/31/2017 Plan number: ▶ 1

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	DEMAX	De Emrg Mrk Inst	Ommitted	239,655.60
	DFA Investment Trust	Dfa Lgcap Intl	Individual	884,032.88
	DFA Investment Trust	Dfa Us Smcap Inst	Accounts	877,594.26
	Federated Instit Trust Co	Fed Gov Oblgtns Prmr		2,509.16
	Federated Instit Trust Co	Fed Ins Hi Yld Bd Inst		345,357.92
	Franklin Templeton Investments	Fnkln Util Ser Adv		5,368.64
	Invesco	Invsco Divrs Divd R5		88,104.91
	Invesco	Invsco Eq Inc R5		30,215.72
	JP Morgan	Jpm Gr Advtg R6		254,293.36
	JP Morgan	jpm Smcap Gr R6		262,263.95
	Primecap Odysy Trust Co	Primecap Odysy Aggr Gr		1,374,529.44
	Virtus	Virtus Seix Ttl Rtn Bd 1		162,753.72
	Trowper	Trowepr Media Telcom		2,197.64
	Vanguard Trust Co	Vngrd Emrg Mkt Stkindxadml		659,500.94
	Vanguard Trust Co	Vngrd Gr Indx Adml		88,005.94
	Vanguard Trust Co	Vngrd Sel Val Inc		254,555.86
	Vanguard Trust Co	Vngrd Sm Cap Indx Fd As		11,431.83
	Vanguard Trust Co	Vngrd Trgt Rtrmt 2015 Inv		39,681.88
	Vanguard Trust Co	Vngrd Trgt Rtrmt 2020 Inv		222,053.67
	Vanguard Trust Co	Vngrd Trgt Rtrmt 2025 Inv		839,217.20
	Vanguard Trust Co	Vngrd Trgt Rtrmt 2030 Inv		835,530.53
	Vanguard Trust Co	Vngrd Trgt Rtrmt 2035 Inv		616,967.50
	Vanguard Trust Co	Vngrd Trgt Rtrmt 2040 Inv		945,668.61
	Vanguard Trust Co	Vngrd Trgt Rtrmt 2045 Inv		439,325.65
	Vanguard Trust Co	Vngrd Trgt Rtrmt 2050 Inv		433,039.76
	Vanguard Trust Co	Vngrd Trgt Rtrmt 2055 Inv		247,068.64
	Vanguard Trust Co	Vngrd Trgt Rtrmt 2060 Inv		86,326.79
	Vanguard Trust Co	Vngrd Trgt Rtrmt Inc		51,714.94
	Vanguard Trust Co	Vngrd Ttl Stmkt Indx Fd As		2,684,956.47
	Vanguard Trust Co	Vngrd Wlsly Inc Adml		1,843.08
	Loan Fund	Participant Loans 5-6%		223,061.00
	Fixed Select Contract			119,443.77
				13,328,271.26