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
PROCOPIO, CORY, HARGREAVES & SAVITCH LLP 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 05/01/1991

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)
PROCOPIO, CORY, HARGREAVES & SAVITCH LLP

525 B STREET, SUITE 2200
SAN DIEGO, CA 92101

2b Employer Identification Number (EIN) 95-1634364

2c Plan Sponsor's telephone number 619-238-1900

2d Business code (see instructions) 541110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2018	JAMES G PERKINS
	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**	310
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)**	307
a(2) Total number of active participants at the end of the plan year	**6a(2)**	337
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	82
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	419
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	419
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	282
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	23
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 3B

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

4B

9a Plan funding arrangement (check all that apply)

(1)	[X]	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)	[X]	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)	[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)	[X]	6	**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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
PROCOPIO, CORY, HARGREAVES & SAVITCH LLP 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PROCOPIO, CORY, HARGREAVES & SAVITCH LLP

D Employer Identification Number (EIN)
95-1634364

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0509570	67091	29308	1	01/01/2017	12/31/2017

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
988	376

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
WILLIAM F. POLLAK
13821 NEWPORT AVE
STE 170
TUSTIN, CA 92780

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
797	359	3	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MULROY INSURANCE AGENCY LLC
1500 QUAIL ST STE600
NEWPORT BEACH, CA 92660

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
191	17	3	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [X] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	18138
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			**10b**	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2017

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

A Name of plan
PROCOPIO, CORY, HARGREAVES & SAVITCH LLP 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PROCOPIO, CORY, HARGREAVES & SAVITCH LLP

D Employer Identification Number (EIN)
95-1634364

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PACIFIC MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-1079000	67466	1A22126900	1	01/01/2017	12/31/2017

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
1002	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

RILEY J. KELLY
4550 KEARNY VILLA ROAD STE 103
SAN DIEGO, CA 92123-1558

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1002	0	3	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [X] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	1985
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			**10b**	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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A Name of plan
PROCOPIO, CORY, HARGREAVES & SAVITCH LLP 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PROCOPIO, CORY, HARGREAVES & SAVITCH LLP

D Employer Identification Number (EIN)
95-1634364

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PACIFIC MUTUAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
95-1079000	67466	1A22140220	1	01/01/2017	12/31/2017

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [X] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	3709
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			**10b**	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
PROCOPIO, CORY, HARGREAVES & SAVITCH LLP 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PROCOPIO, CORY, HARGREAVES & SAVITCH LLP

D Employer Identification Number (EIN)
95-1634364

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PENN MUTUAL LIFE INSURANCE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-9052300	67644	8001387	1	01/01/2017	12/31/2017

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
31	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

LUCIA FINANCIAL GROUP
13520 EVENING CREEK DR E STE 300
SAN DIEGO, CA 92128

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
31	0	3	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [X] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	2600
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			**10b**	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
PROCOPIO, CORY, HARGREAVES & SAVITCH LLP 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PROCOPIO, CORY, HARGREAVES & SAVITCH LLP

D Employer Identification Number (EIN)
95-1634364

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
NEW ENGLAND LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
04-2708937	91626	080315000	0	01/01/2017	12/31/2017

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [X] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	0
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			**10b**	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
PROCOPIO, CORY, HARGREAVES & SAVITCH LLP 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PROCOPIO, CORY, HARGREAVES & SAVITCH LLP

D Employer Identification Number (EIN)
95-1634364

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
VOYA INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
41-0991508	80942	C193354-0W	1	01/01/2017	12/31/2017

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	40

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

STEVEN EDWARD EGAN
500 W MADISON ST
SUITE 4000
CHICAGO, IL 60661-4544

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	40	3	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [X] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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
PROCOPIO, CORY, HARGREAVES & SAVITCH LLP 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PROCOPIO, CORY, HARGREAVES & SAVITCH LLP

D Employer Identification Number (EIN)
95-1634364

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).. . . . . ☐ 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

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

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

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)

ONEAMERICA RETIREMENT SERVICES

46-5378846

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 64 65	RECORDKEPER	154363	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DOWLING & YAHNKE LLC

12340 EL CAMINO REAL
SUITE 450
SAN DIEGO, CA 92130

(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?
26 51	INVESTMENT MANAGER	35396	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RICE HALL JAMES & ASSOC

600 WEST BROADWAY
STE 1000
SAN DIEGO, CA 92101

(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?
26 51	INVESTMENT MANAGER	35033	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)

TOM MONAHAN INDEPENDENT FINANCIAL G

2648 E STREET
SAN DIEGO, CA 92102

(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?
26 51	INVESTMENT MANAGER	23609	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

UBS FINANCIAL SERVICES

1200 PROSPECT ST
SUITE 300
LA JOLLA, CA 92037

(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?
26 51	INVESTMENT MANAGER	9331	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JAN GLEISNER

1299 4TH ST
STE 200
SAN RAFAEL, CA 94901

(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?
26 51	INVESTMENT MANAGER	7059	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)

TD AMERITRADE

P.O. BOX 2226
OMAHA, NE 68103

(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?
26 51	INVESTMENT MANAGER	5964	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MG TRUST COMPANY DBA MATRIX TRUST C

75-3182674

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16 19 21 25 36 37 38 50 60 62 64 65	TRUSTEE/RECORD KEPPER	4115	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
MATRIX TRUST COMPANY	18 19 21 25 49 50 62	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.
MATRIX TRUST COMPANY 75-3182674	SEE ATTACHMENT MATRIX TRUST COMPANY SCHEDULE C DISCLOSURES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MSCS FINANCIAL SERVICES DIVISION OF	50 59 60 61 63 68	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.
MSCS FINANCIAL SERVICES DIVISION OF 33-1151291	SEE ATTACHMENT MATRIX TRUST COMPANY SCHEDULE C DISCLOSURES

(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
PROCOPIO, CORY, HARGREAVES & SAVITCH LLP 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PROCOPIO, CORY, HARGREAVES & SAVITCH LLP

D Employer Identification Number (EIN)
95-1634364

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	77420	252438
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	500472	933625
(2) Participant contributions	1b(2)	73839	87050
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4600012	5006584
(2) U.S. Government securities	1c(2)	363099	349761
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	30204	20600
(B) All other	1c(3)(B)	210906	543920
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	695054	458714
(B) Common	1c(4)(B)	14845977	14760410
(5) Partnership/joint venture interests	1c(5)	9499617	12338888
(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)	570030	500147
(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)	54542258	66891852
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	88760	0
(15) Other	1c(15)	56070	31063

			(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**	86153718	102175052
	Liabilities			
g	Benefit claims payable	**1g**		
h	Operating payables	**1h**		
i	Acquisition indebtedness	**1i**		
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**	86153718	102175052

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)**	2902822	
	(B) Participants	**2a(1)(B)**	1794317	
	(C) Others (including rollovers)	**2a(1)(C)**	898004	
	(2) Noncash contributions	**2a(2)**	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		5595143
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	22549	
	(B) U.S. Government securities	**2b(1)(B)**	19956	
	(C) Corporate debt instruments	**2b(1)(C)**	12460	
	(D) Loans (other than to participants)	**2b(1)(D)**	0	
	(E) Participant loans	**2b(1)(E)**	21854	
	(F) Other	**2b(1)(F)**	632952	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		709771
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**	1170	
	(B) Common stock	**2b(2)(B)**	315975	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	2266608	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		2583753
	(3) Rents	**2b(3)**		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	17537483	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	16063436	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		1474047
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**	0	
	(B) Other	**2b(5)(B)**	2067033	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		2067033

		(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)		7218566
c Other income	2c		315
d Total income. Add all **income** amounts in column (b) and enter total	2d		19648628
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3326739	
(2) To insurance carriers for the provision of benefits	2e(2)	26431	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		3353170
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	154361	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	116668	
(4) Other	2i(4)	3095	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		274124
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3627294
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		16021334
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MAYER HOFFMAN MCCANN P.C. **(2)** EIN: 43-1947695

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	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			

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
PROCOPIO, CORY, HARGREAVES & SAVITCH LLP 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PROCOPIO, CORY, HARGREAVES & SAVITCH LLP

D Employer Identification Number (EIN)
95-1634364

Part I Distributions

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

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

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

EIN(s): 27-1228437

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: 0.0% 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):

Procopio, Cory, Hargreaves & Savitch LLP 401(k) Profit Sharing Plan

Financial Statements and Supplemental Schedule
for the Years Ended December 31, 2017 and 2016



Procopio, Cory, Hargreaves & Savitch LLP
401(k) Profit Sharing Plan

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Supplemental Schedule *

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* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because they are not applicable.

MHM

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Independent Auditors' Report

To the Retirement Plan Committee
Procopio, Cory, Hargreaves & Savitch LLP 401(k) Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of **Procopio, Cory, Hargreaves & Savitch LLP 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 and supplemental schedule 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 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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Matrix Trust Company (fka City National Bank) ("Custodian") of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the Custodian as of December 31, 2017 and 2016, and for the year ended December 31, 2017, that the information provided to the Plan Administrator by the Custodian is complete and accurate.

Department of Labor Rules and Regulations and accounting principles generally accepted in the United States of America require Plan investments to be valued at fair value as of the end of the Plan year. As described in Note 3, Plan management does not have adequate procedures to properly value certain investments as of year end and therefore these investments may not be presented in compliance with the Department of Labor's Rules and Regulations or in conformity with accounting principles generally accepted in the United States of America. The effects of the financial statements and supplemental schedule of not applying the adequate procedures to determine the fair value of these investments has not been determined.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule, Schedule H, line 4i - 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 presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

Mayer Hoffman McCann P.C.

San Diego, California
October 5, 2018

Procopio, Cory, Hargreaves & Savitch LLP
401(k) Profit Sharing Plan

Statements of Net Assets Available for Benefits

December 31,	**2017**	2016
Assets		
Investments, at fair value	**$ 102,042,385**	$ 86,881,244
Total investments	**102,042,385**	86,881,244
Receivables:		
Employer contributions	**933,625**	500,472
Notes receivable from participants	**502,788**	570,029
Employee contributions	**87,050**	73,839
Total receivables	**1,523,463**	1,144,340
Net Assets Available for Benefits	**$ 103,565,848**	$ 88,025,584

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

Procopio, Cory, Hargreaves & Savitch LLP
401(k) Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31,	2017
Additions to Net Assets	
Investment income:	
Net appreciation of investments	**$** 10,326,232
Interest and dividends	3,272,279
Total investment income	13,598,511
Interest income on notes receivable from participants	22,965
Contributions:	
Employer contributions	2,852,332
Employee contributions	1,809,316
Rollovers	898,004
Total contributions	5,559,652
Total additions	19,181,128
Deductions from Net Assets	
Benefits paid to participants	3,326,908
Expenses	274,118
Insurance carriers for the provision of benefits	26,431
Total deductions	3,627,457
Net increase in Net Assets Available for Benefits Before Transfers	15,553,671
Net Transfer to other plan	(13,407)
Net Increase in Net Assets Available for Benefits	15,540,264
Net Assets Available for Benefits, Beginning of Year	88,025,584
Net Assets Available for Benefits, End of Year	**$ 103,565,848**

The accompanying notes are an integral part of this financial statement.

Procopio, Cory, Hargreaves & Savitch LLP
401(k) Profit Sharing Plan

Notes to Financial Statements

1. Description of the Plan

The following description of the **Procopio, Cory, Hargreaves & Savitch LLP 401(k) Profit Sharing Plan** ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was established on May 1, 1991, as restated November 1, 2004, to enable eligible employees to make pre-tax contributions to the Plan; thereby, providing employees with an opportunity to accumulate funds for their retirement. The Plan is a defined contribution plan established by **Procopio, Cory, Hargreaves & Savitch LLP** ("Company"). The Plan covers substantially all employees of the Company and is administered by the Company. The Plan Custodian, Matrix Trust Company ("Custodian") has the authority and responsibility for the management and investment of Plan assets.

Participants in the Plan may choose to have their deferral and employer match contributions allocated to any investment of their choice.

Eligibility

The Plan covers all employees who have completed 12 consecutive months and 1,000 or more hours of service, are age 21 or older, and are not employees covered by a collective bargaining agreement, independent contract lawyers, independent contract persons, associates, senior counsel attorneys and/or contract/staff lawyers.

Contributions

Each year participants may contribute up to a specified percent of pretax annual compensation, subject to limits of the tax law as defined in the Plan agreement. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

The Plan provides that the Company may elect to make matching contributions. The Company makes a matching contribution of 100% of the first 2% of a participant's eligible compensation for participants who have worked 1,000 or more hours during the Plan year and are employed on the last day of the Plan year. The Company suspended matching contributions in 2010.

Each year, the Company may elect to make a discretionary profit sharing contribution for eligible participants who worked 1,000 or more hours during the Plan year and are employed on the last day of the Plan year. The Company contributed $2,852,332 to the Plan in 2017.

Forfeitures

Unvested amounts forfeited by terminated employees are used to reduce future employer and profit sharing contributions payable under the Plan.

Allocations

Each participant's account is credited with the participant's contribution and allocation of the Company's contribution and Plan earnings. Allocations are made by the Plan Administrator in a manner which recognizes each participant's account balance, investment selection and timing of contributions and withdrawals. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Notes receivable from participants

The Plan allows participants to borrow against their vested balances. Loans may not exceed the lesser of $50,000 or 50% of a participant's vested balance. Loan repayment periods may not exceed five years, or, if lesser, the period ending on the participant's normal retirement age. Residential loan repayment periods may not exceed 30 years. Loans will bear interest at rates commensurate with rates charged by commercial lenders for loans made under similar circumstances. Loans must be adequately secured by the vested balance in the participant's account.

Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. Interest income from notes receivable from participants was $22,965 in 2017. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan agreement.

Benefit payments

Upon termination of service due to death, disability, or retirement, a participant (or beneficiary) may elect to receive either a lump-sum amount or a series of installments equal to the value of the participant's vested interest in his or her account. For account balances transferred from the Procopio, Cory, Hargreaves & Savitch LLP Money Purchase Pension Plan, participants may elect to be paid with a non-transferable deferred annuity contract.

Transfers to other plans

Transfers of assets to other plans primarily represent amounts transferred to another Company sponsored plan.

Plan expenses

Certain Plan expenses are deducted from participant accounts or investment income, and the remainder of the Plan expenses are paid by the Company.

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 will become 100% vested in their accounts.

2. Summary of Significant Accounting Policies

A summary of the Plan's significant accounting policies consistently applied in the preparation of the accompanying financial statements follows.

Basis of accounting

The Plan uses the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of additions and deductions during the reporting period. Actual results could differ from estimates.

Fair value measurement

The Financial Accounting Standards Board (FASB) issued authoritative guidance that 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 this guidance are described as follows:

Level 1 – Valuation is based upon quoted prices in active markets for identical assets or liabilities.

Level 2 – Valuation is based upon other significant observable inputs (including quoted prices for similar assets or liabilities in active markets, identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, etc.). 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.

Fair value measurement, cont'd

Level 3 – Valuation is based upon significant unobservable inputs, including the reporting entity's own assumptions in determining the fair value of investments.

The inputs or methodology used by valuing securities are not necessarily an indication of risk associated with investing in those securities.

The tables on the following pages set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2017 and 2016:

Investments at Fair Value as of December 31, 2017

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 66,891,858	$ -	$ -	$ 66,891,858
Common stocks	14,268,056	198,411	-	14,466,467
Partnership interests*	2,414	-	12,352,017	12,354,431
Money market funds	5,318,347	-	-	5,318,347
Insurance policies, cash surrender values*	-	1,065,175	-	1,065,175
Real estate investment trust*	859,317	-	-	859,317
Preferred stock*	-	-	308,714	308,714
U.S. government securities	-	380,824	-	380,824
Other investments	-	396,252	1,000	397,252
Total investments	$ 87,339,992	$ 2,040,662	$ 12,661,731	$ 102,042,385

*These investments are not recorded at fair value as required by authoritative guidance relating to fair value measurements and disclosure requirements as of and for the year ended December 31, 2017 (see Note 3).

Fair value measurement, cont'd

Investments at Fair Value as of December 31, 2016

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 54,715,156	$	$	$ 54,715,156
Common stocks	14,033,154	182,540	-	14,215,694
Partnership interests*	1,890	-	10,342,912	10,344,802
Money market funds	4,646,844	-	-	4,646,844
Insurance policies, cash surrender values*	-	1,208,040	-	1,208,040
Preferred stock*	798,685	-	-	798,685
U.S. government securities	74,701	-	383,711	458,412
Other investments	-	404,112	-	404,112
Real estate investment trust*	-	84,499	5,000	89,499
Total investments	$ 74,270,430	$ 1,879,191	$ 10,731,623	$ 86,881,244

*These investments are not recorded at fair value as required by authoritative guidance relating to fair value measurements and disclosure requirements as of and for the year ended December 31, 2016 (see Note 3).

Investments

Mutual funds, money market funds, preferred stocks, and common stocks are stated at fair value. Fair value has been measured using quoted market prices in an active market on the last day of the Plan year. Insurance policies are stated at the cash surrender value, which approximates fair value; however, they may not reflect the values at December 31, 2017 and 2016, respectively. Valuations for U.S. government securities, other investments and corporate debt instruments are obtained from readily available pricing sources for comparable assets. Real estate investment trusts have been measured using estimated valuations of the properties held at different times during the Plan year, which may not approximate fair value at December 31, 2017 and 2016, respectively. Partnership interests have been measured using a variety of methods including income calculations and recent sales, which may not approximate fair value at December 31, 2017 and 2016, respectively. The Plan presents in the statement of changes in net assets available for benefits the net appreciation or (depreciation) in the fair value of its investments which consists of the realized gains or losses and the unrealized appreciation or (depreciation) on those investments (see Note 3).

3. Information Certified by the Plan's Custodian (Unaudited)

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Matrix Trust Company, the Plan Custodian, has certified that the following data included in the accompanying financial statements and supplemental schedule are complete and accurate with respect to investments:

- Investments at fair value
- Net appreciation (depreciation) in fair value of investments
- Notes receivable from participants
- Interest income on notes receivable from participants
- Interest and dividends
- Schedule of assets (held at end of year)

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

Custodian

All Plan assets are held by the Custodian, who is responsible for the maintenance of all accounting records and the preparation of reports of activity related to those assets. The Custodian has certified to the Plan Administrator the completeness and accuracy of the financial information and data presented below.

Interest and dividend income

Interest and dividend income totaling $3,272,279 is included in the statement of changes in net assets available for benefits.

Net appreciation of investments

The values of the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated $10,326,232 during 2017.

4. Tax Status

The Plan is a standardized prototype plan. The standardized prototype plan received an opinion letter from the Internal Revenue Service ("IRS") dated June 28, 2002, indicating that the Plan and related Trust satisfy the requirements of Section 401(a) of the Internal Revenue Code of 1986, as amended ("Code"). The Plan is required to operate in accordance with the Code to maintain its tax qualification. The Plan has been amended since receiving the opinion letter, however, the Plan Administrator believes that

4. Tax Status, Cont'd

the Plan is currently designed and is being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken uncertain position that more likely than not would not be sustained upon examination by the IRS. The tax positions taken by the Plan have been analyzed and, as of December 31, 2017, there were no uncertain tax positions taken or expected to be taken that would require recognition of a liability, asset or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Plan management believes it is no longer subject to income tax examinations for years prior to 2015.

5. Party-In-Interest Transactions

Certain Plan assets are invested in Custodian accounts. These transactions with the Custodian qualify as party-in-interest transactions. Certain members of the Pension Plan Committee are also participants in the Plan.

6. Pending Distributions

There were no pending distributions at December 31, 2017.

7. Risks and Uncertainties

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

8. Reconciliation of the Financial Statements to Form 5500

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

Net assets available for benefits per financial statements	$ 103,565,848
Less: Insurance policies	(1,027,403)
Less: Fair value adjustment	(363,393)
Net assets per Form 5500	$ 102,175,052

8. Reconciliation of the Financial Statements to Form 5500, Cont'd

The following is a reconciliation of net assets available for benefits per the financial statements to net assets per Form 5500 as of December 31, 2016:

Net assets available for benefits per financial statements	$	88,025,584
Less: Insurance policies		(1,049,586)
Less: Fair value adjustment		(822,280)
Net assets per Form 5500	$	86,153,718

9. Subsequent Events

The date through which subsequent events have been considered by management for these financial statements is October 5, 2018, which is the date the financial statements were available to be issued.

Procopio, Cory, Hargreaves & Savitch LLP 401(k) Profit Sharing Plan

Supplemental Schedule

Procopio, Cory, Hargreaves & Savitch LLP
401(k) Profit Sharing Plan

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

EIN: 95-1634364 Plan #002

December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investment in maturity date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e) Current Value
		Cash and Money Market Funds		
*	City National Rochdale	TD Asset Management Money Market Portfolio	-	$ 2,141,240
*	City National Rochdale	City National Rochdale Government Money Market Fund Svc (cnix.x)	-	1,194,643
	TD Ameritrade	Schwab Money Market Fund	-	1,162,762
*	City National Rochdale	Pershing Cash Account	-	374,174
	Charles Schwab	Funds-in-transfer Account	-	247,271
	Profit Sharing Contribution	UBS Bank USA Deposit Account	-	97,588
	Waterfield Square Apartments LP	Waterfield Square Apartments LP Holdback	-	84,253
	Country Hills Apartments LP	Country Hills Apartments LP Holdback	-	5,214
	Charles Schwab	Cash	-	5,167
	Charles Schwab	Schwab Cash Account	-	4,011
*	City National Bank	Pershing Money Market Account	-	3,410
	TD Ameritrade	Ameritrade Cash Account	-	(1,386)
		US Government Securities		
	US Treasury Bonds	US Treasury Note/Bond	-	146,850
	US Treasury Bonds	US Treasury Note/Bond	-	100,125
	US Treasury Bonds	US Treasury Note/Bond	-	51,400
	US Treasury Bonds	US Treasury Note/Bond	-	51,386
	Municipal Bonds	California St Univ Revenue Txbl-Ref-Ser B	-	20,608
	Municipal Bonds	Kansas St Dev Fin Auth Revenue Taxable-Kans St Univ-Ser U-1-Q	-	10,455
		Preferred Stock		
	Ceresti Health, Inc.	Ceresti Health, Inc Ser S PFD	-	125,000
	Spinnaker Biosciences, Inc.	Spinnaker Biosciences, Inc. Series B Preferred Stock	-	100,000
	Boost Academy Inc.	Bump Network, Inc. Series B Preferred Stock	-	35,000
	BandwidthX, Inc.	BandwidthX, Inc. Series A Preferred Stock	-	25,000
	Ceresti Health, Inc.	Ceresti Health, Inc. Series T Preferred Stock	-	23,714

Procopio, Cory, Hargreaves & Savitch LLP
401(k) Profit Sharing Plan

Schedule H, line 4i – Schedule of Assets (Held at End of Year), Cont'd

EIN: 95-1634364 Plan #002

December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investment in maturity date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e) Current Value
		Common Stock		
	Qualcomm	Qualcomm	-	$ 2,157,678
	Apple Inc	Apple Inc	-	382,958
	Biogen Inc	Biogen Inc	-	318,570
	Amazon Com Inc	Amazon Com Inc	-	293,537
	Verizon Communications	Verizon Communications	-	234,380
	General Electric Co	General Electric Co	-	162,928
	Intel Corporation	Intel Corporation	-	160,862
	Intl Business Machines Inc	Intl Business Machines Inc	-	160,631
	Alphabet Inc Cl C	Alphabet Inc Cl C	-	158,006
	Sprint Corporation	Sprint Corporation	-	147,250
	Amgen Inc	Amgen Inc	-	141,033
	Microsoft Corporation	Microsoft Corporation	-	140,044
	Alibaba Group Holding-Sp ADR	Alibaba Group Holding-Sp ADR	-	135,358
	Facebook Inc-A	Facebook Inc-A	-	132,345
	DowDuPont Inc	DowDuPont Inc	-	122,000
	On Assignment Inc (asgn 04/02/18)	On Assignment Inc (asgn 04/02/18)	-	120,956
	Schlumberger Ltd	Schlumberger Ltd	-	120,291
	Netflix Inc	Netflix Inc	-	118,247
	Amn Healthcare Services	Amn Healthcare Services	-	112,044
	AllianceBernstein Holding LP	AllianceBernstein Holding LP	-	111,723
	Williams Sonoma Inc	Williams Sonoma Inc	-	111,362
	Acxiom Corp	Acxiom Corp	-	110,488
	Tetra Tech Inc New	Tetra Tech Inc New	-	109,782
	SPX Flow Inc	SPX Flow Inc	-	108,842
	JPMorgan Chase & Co	JPMorgan Chase & Co	-	108,116
	Alphabet Inc CL A	Alphabet Inc CL A	-	107,447
	Allergan plc	Allergan plc	-	107,183
	VMWare Inc Class A	VMWare Inc Class A	-	104,642
	Epam Systems Inc	Epam Systems Inc	-	103,777
	United Rentals Inc	United Rentals Inc	-	103,146
	Tower Semiconductor Ltd	Tower Semiconductor Ltd	-	99,957
	Integrated Device Tech.	Integrated Device Tech.	-	99,001
	Calavo Growers Inc	Calavo Growers Inc	-	96,976

December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investment in maturity date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e) Current Value
	Kinder Morgan Inc	Kinder Morgan Inc	-	$ 96,261
	Healthcare Svcs Group Inc	Healthcare Svcs Group Inc	-	93,420
	Interface Inc	Interface Inc	-	92,854
	Cameco Corp	Cameco Corp	-	92,300
	Albany Intl Corp Cl A	Albany Intl Corp Cl A	-	89,901
	Carpenter Technologies Delaware	Carpenter Technologies Delaware	-	88,927
	PTC Inc	PTC Inc	-	88,663
	Dycom Industries	Dycom Industries	-	88,587
	Performance Food Group Co	Performance Food Group Co	-	86,656
	Deere & Co.	Deere & Co.	-	86,081
	Viasat Inc.	Viasat Inc.	-	85,778
	Shutterfly Inc	Shutterfly Inc	-	85,421
	Rev Group Inc	Rev Group Inc	-	85,294
	CF Industries Holdings Inc	CF Industries Holdings Inc	-	85,080
	Glacier Bancorp New	Glacier Bancorp New	-	84,767
	Bank Of America Corp	Bank Of America Corp	-	84,132
	Omnicell Inc	Omnicell Inc	-	82,790
	Five Below	Five Below	-	81,574
	Healthsouth Rehab Corp (ehc 01/02/18)	Healthsouth Rehab Corp (ehc 01/02/18)	-	79,402
	Snyders Lance Inc (acquired 03/27/18)	Snyders Lance Inc (acquired 03/27/18)	-	79,227
	AT&T Inc	AT&T Inc	-	79,112
	Party City Holdco Inc	Party City Holdco Inc	-	79,055
	Oil States International Inc	Oil States International Inc	-	76,523
	Procter & Gamble Co	Procter & Gamble Co	-	75,893
	Twilio Inc - A	Twilio Inc - A	-	75,520
	Xilinx Inc	Xilinx Inc	-	75,474
	Globus Medical Inc - A	Globus Medical Inc - A	-	75,049
	Deckers Outdoor Corp	Deckers Outdoor Corp	-	74,793
	Pegasystems Inc.	Pegasystems Inc.	-	74,026
	Umb Financial Corp	Umb Financial Corp	-	73,286
	Dave & Buster's Entertainment	Dave & Buster's Entertainment	-	72,990
	Beacon Roofing Supply Inc	Beacon Roofing Supply Inc	-	72,049
	Ensign Group Inc	Ensign Group Inc	-	71,662
	Acadia Healthcare Co Inc	Acadia Healthcare Co Inc	-	70,774
	Supernus Pharmaceuticals Inc	Supernus Pharmaceuticals Inc	-	70,574
	Salesforce.Com Inc	Salesforce.Com Inc	-	70,539
	Power Integrations	Power Integrations	-	70,314

December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investment in maturity date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e) Current Value
	Morgan Stanley	Morgan Stanley	-	$ 69,523
	US Silica Holdings Inc	US Silica Holdings Inc	-	68,702
	Axon Enterprise Inc	Axon Enterprise Inc	-	68,423
	First Majestic Silver Corp	First Majestic Silver Corp	-	67,400
	Air Transport Services Group I	Air Transport Services Group I	-	67,175
	Banner Corp	Banner Corp	-	65,593
	Blackstone Group LP	Blackstone Group LP	-	65,220
	Mondelez International Inc	Mondelez International Inc	-	64,200
	Premier Inc-Class A	Premier Inc-Class A	-	63,634
	Winnebago Inds Inc	Winnebago Inds Inc	-	63,273
	Masco Corp	Masco Corp	-	62,307
	Chevron Corp	Chevron Corp	-	62,173
	Methode Electronics Inc	Methode Electronics Inc	-	61,995
	Natus Medical Inc	Natus Medical Inc	-	61,196
	Cardinal Health Inc.	Cardinal Health Inc.	-	61,079
	Blackrock 2001 Term Tr Inc	Blackrock 2001 Term Tr Inc	-	59,590
	Silicon Laboratories	Silicon Laboratories	-	57,925
	Deluxe Corp.	Deluxe Corp.	-	57,630
	Knight-Swift Transportation Holdings Inc	Knight-Swift Transportation Holdings Inc	-	56,617
	Valero Energy Corp New	Valero Energy Corp New	-	56,052
	Fabrinet Inc	Fabrinet Inc	-	53,382
	Enterprise Products Pptns LP	Enterprise Products Pptns LP	-	52,649
	Advanced Energy Ind Inc	Advanced Energy Ind Inc	-	52,634
	Pulte Group Inc	Pulte Group Inc	-	52,525
	China Mobile Ltd ADR	China Mobile Ltd ADR	-	50,540
	Cisco Systems Inc	Cisco Systems Inc	-	47,952
	Citigroup Inc	Citigroup Inc	-	47,697
	Exxon-Mobil Corporation	Exxon-Mobil Corporation	-	47,675
	Oracle Corp	Oracle Corp	-	47,280
	Conduent Inc	Conduent Inc	-	46,476
	Palo Alto Networks Inc	Palo Alto Networks Inc	-	46,381
	FirstCash Inc	FirstCash Inc	-	46,068
	Luxoft Holding Inc	Luxoft Holding Inc	-	45,730
	BioTelemetry Inc	BioTelemetry Inc	-	45,119
	Nuvasive Inc	Nuvasive Inc	-	43,984
	Ford Motor Co New	Ford Motor Co New	-	42,826
	Nvidia Corp	Nvidia Corp	-	42,570

December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investment in maturity date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e) Current Value
	Great Western Bancorp Inc	Great Western Bancorp Inc	-	$ 41,472
	Walmart Inc	Walmart Inc	-	41,403
	Mueller Water Products Inc A	Mueller Water Products Inc A	-	41,286
	Royal Dutch Shell PLC - ADR B	Royal Dutch Shell PLC - ADR B	-	41,179
	Charles Schwab Corporation	Charles Schwab Corporation	-	41,096
	Axa Sa ADR	Axa Sa ADR	-	40,522
	Canopy Growth Corp (cgc 05/24/18)	Canopy Growth Corp (cgc 05/24/18)	-	39,553
	The Kraft Heinz Co	The Kraft Heinz Co	-	38,880
	Neurocrine Biosciences	Neurocrine Biosciences	-	38,795
	Lloyds Tsb Group Plc ADR	Lloyds Tsb Group Plc ADR	-	37,500
	Financial Engines Inc	Financial Engines Inc	-	36,512
	Zurich Insurance Group AG	Zurich Insurance Group AG	-	36,492
	CV Sciences Inc	CV Sciences Inc	-	35,506
	Delta Air Lines Inc	Delta Air Lines Inc	-	35,280
	KKR & Co LP (kkr 7/02/18)	KKR & Co LP (kkr 7/02/18)	-	34,117
	Kimberly Clark	Kimberly Clark	-	33,785
	MGM Resorts International	MGM Resorts International	-	33,390
	Illumina Inc	Illumina Inc	-	32,774
	Tesla Inc	Tesla Inc	-	31,135
	Amgen Inc	Amgen Inc	-	30,885
	Verizon Communications	Verizon Communications	-	30,660
	NXP Semiconductors Nv	NXP Semiconductors Nv	-	30,560
	CBS Corp	CBS Corp	-	30,457
	Goldman Sachs Bank USA	Goldman Sachs Bank USA	-	30,142
	Bank Of New York Mellon	Bank Of New York Mellon	-	30,078
	Super Micro Computer Inc	Super Micro Computer Inc	-	29,400
	Pepsico Inc	Pepsico Inc	-	29,380
	Hess Corp	Hess Corp	-	28,482
	Endeavor Bank LLC *Pending	Endeavor Bank LLC *Pending	-	27,500
	Clovis Oncology Inc	Clovis Oncology Inc	-	27,200
	Lockheed Martin Corp	Lockheed Martin Corp	-	26,968
	Bioverativ Inc (acq/del 3/09/18)	Bioverativ Inc (acq/del 3/09/18)	-	26,960
	Firsthand Technology Value	Firsthand Technology Value	-	26,690
	Daimlerchrysler Ag	Daimlerchrysler Ag	-	26,264
	Orange SA	Orange SA	-	26,100
	Medtronic PLC	Medtronic PLC	-	25,840
	Autodesk Inc	Autodesk Inc	-	25,556

December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investment in maturity date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e) Current Value
	Mastec Inc	Mastec Inc	-	$ 24,328
	Newmarket Corp	Newmarket Corp	-	23,843
	Eog Resources Inc	Eog Resources Inc	-	23,201
	Lci International	Lci International	-	23,200
	Starbucks Corp.	Starbucks Corp.	-	22,972
	Barrick Gold Corp.	Barrick Gold Corp.	-	22,560
	United Technologies Corp.	United Technologies Corp.	-	22,325
	Archer Daniels Midland	Archer Daniels Midland	-	22,044
	Autozone Inc	Autozone Inc	-	20,633
	Micron Tech. Inc.	Micron Tech. Inc.	-	20,560
	WisdomTree Investments Inc	WisdomTree Investments Inc	-	20,080
	Pfizer Incorporated	Pfizer Incorporated	-	19,162
	Thermo Fisher Scientific Inc	Thermo Fisher Scientific Inc	-	18,988
	Banco Bradesco- Sponsored Adr	Banco Bradesco- Sponsored Adr	-	17,777
	Duke Energy Corp	Duke Energy Corp	-	17,575
	Time Warner Inc (t 06/15/18)	Time Warner Inc (t 06/15/18)	-	17,084
	Carlyle Group/The	Carlyle Group/The	-	16,030
	3m Co.	3m Co.	-	16,005
	HP Inc	HP Inc	-	13,568
	Resmed Inc	Resmed Inc	-	13,550
	First Solar Inc	First Solar Inc	-	13,504
	Transocean Ltd	Transocean Ltd	-	12,816
	Lyondellbasell Indus A	Lyondellbasell Indus A	-	12,687
	Cognex Corp	Cognex Corp	-	12,232
	Vale SA ADR	Vale SA ADR	-	12,230
	Orbotech Ltd	Orbotech Ltd	-	12,058
	TopBuild Corp	TopBuild Corp	-	11,891
	Wells Fargo & Co New	Wells Fargo & Co New	-	11,527
	Mallinckrodt PLC	Mallinckrodt PLC	-	11,280
	Motorola Solutions Inc	Motorola Solutions Inc	-	11,207
	MDC Holding Inc	MDC Holding Inc	-	11,062
	Dominion Energy Inc	Dominion Energy Inc	-	10,943
	PolyOne Corp	PolyOne Corp	-	10,875
	Las Vegas Sands Corp	Las Vegas Sands Corp	-	10,424
	Chemours Co/The	Chemours Co/The	-	10,012
	US Bancorp - Del	US Bancorp - Del	-	9,912
	IQVIA Holdings Inc	IQVIA Holdings Inc	-	9,790

December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investment in maturity date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e) Current Value
	Abbvie Inc	Abbvie Inc	-	$ 9,381
	Stonemor Partners LP	Stonemor Partners LP	-	9,380
	Invitae Corp	Invitae Corp	-	9,080
	Hewlette Packard Enterprise	Hewlette Packard Enterprise	-	8,922
	Principal Financial Grp	Principal Financial Grp	-	8,608
	V.F. Corp.	V.F. Corp.	-	8,584
	Phillips 66	Phillips 66	-	8,294
	Tupperware Brands Corp	Tupperware Brands Corp	-	8,276
	DCP Partners LP	DCP Partners LP	-	8,247
	Dover Corp	Dover Corp	-	8,180
	Royal Dutch Shell PLC - ADR A	Royal Dutch Shell PLC - ADR A	-	8,072
	British American Tobacco	British American Tobacco	-	7,905
	Bank Montreal Que	Bank Montreal Que	-	7,842
	Luminex Corp Del	Luminex Corp Del	-	7,782
	Buckeye Partners LP	Buckeye Partners LP	-	7,779
	Eaton Corp PLC	Eaton Corp PLC	-	7,743
	Johnson & Johnson	Johnson & Johnson	-	7,545
	Bristol-Myers Squibb Co	Bristol-Myers Squibb Co	-	7,537
	Williams Partners LP	Williams Partners LP	-	7,407
	Metlife Inc	Metlife Inc	-	7,331
	Maxim Integrated Prods Inc	Maxim Integrated Prods Inc	-	7,319
	Comcast Corp Cl A	Comcast Corp Cl A	-	7,209
	Canadian Imperial Bank Of Commerce	Canadian Imperial Bank Of Commerce	-	7,111
	Mcdonalds Corp	Mcdonalds Corp	-	6,885
	Magellan Midstream Partners	Magellan Midstream Partners	-	6,739
	Energy Transfer Equity LP	Energy Transfer Equity LP	-	6,714
	Shell Midstream Partners LP	Shell Midstream Partners LP	-	6,710
	Synergy Pharmaceuticals Inc	Synergy Pharmaceuticals Inc	-	6,690
	Toronto Dominion Bank New	Toronto Dominion Bank New	-	6,678
	Eqt Midstream Partners Lp	Eqt Midstream Partners Lp	-	6,652
	Ardelyx Inc	Ardelyx Inc	-	6,600
	Yum! Brands Inc.	Yum! Brands Inc.	-	6,529
	Allianz SE - ADR	Allianz SE - ADR	-	6,499
	Savara Inc	Savara Inc	-	6,455
	Orexigen Therapeutics Inc (orexq 04/04/18)	Orexigen Therapeutics Inc (orexq 04/04/18)	-	6,450
	Goldman Sachs Group Inc	Goldman Sachs Group Inc	-	6,369

December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investment in maturity date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e) Current Value
	Sturm Ruger & Co Inc	Sturm Ruger & Co Inc	-	$ 6,122
	Plains All American Pipeline LP	Plains All American Pipeline LP	-	6,109
	Vivus Inc	Vivus Inc	-	6,031
	Bottomline Tech Del	Bottomline Tech Del	-	6,000
	Andeavor Logistics LP	Andeavor Logistics LP	-	5,959
	Progenics Pharmaceuticals Inc	Progenics Pharmaceuticals Inc	-	5,950
	Encana Corp	Encana Corp	-	5,919
	Enbridge Inc.	Enbridge Inc.	-	5,867
	Fortescue Metals Group LTD	Fortescue Metals Group LTD	-	5,814
	Tc Pipelines LP	Tc Pipelines LP	-	5,788
	MPLX LP	MPLX LP	-	5,711
	Mcdermott Int'l (mdr 05/10/18)	Mcdermott Int'l (mdr 05/10/18)	-	5,698
	Boeing Company	Boeing Company	-	5,603
	Quidel Corp	Quidel Corp	-	5,592
	EnLink Midstream Partners LP	EnLink Midstream Partners LP	-	5,380
	Union Pacific Corp.	Union Pacific Corp.	-	5,364
	Oneok Inc	Oneok Inc	-	5,185
	DXC Technology Co	DXC Technology Co	-	4,935
	Sempra Energy	Sempra Energy	-	4,918
	Opko Health Inc	Opko Health Inc	-	4,900
	American Express Co.	American Express Co.	-	4,866
	Disney Walt Co	Disney Walt Co	-	4,838
	Iberiabank Corp	Iberiabank Corp	-	4,805
	Becton Dickinson & Co	Becton Dickinson & Co	-	4,709
	Endo International PLC	Endo International PLC	-	4,650
	Coca-Cola Company	Coca-Cola Company	-	4,588
	PRA Group Inc	PRA Group Inc	-	4,548
	Societe Generale France Spons Adr	Societe Generale France Spons Adr	-	4,476
	Aegon N V	Aegon N V	-	4,473
	Halliburton Company	Halliburton Company	-	4,447
	Perrigo Co PLC	Perrigo Co PLC	-	4,445
	Tapestry Inc	Tapestry Inc	-	4,423
	Lukoil Oil Co Spon Adr	Lukoil Oil Co Spon Adr	-	4,381
	T Rowe Price & Assoc Inc	T Rowe Price & Assoc Inc	-	4,302
	National Grid Transco Plc	National Grid Transco Plc	-	4,293
	Dsw Inc - Class A	Dsw Inc - Class A	-	4,132
	Gentex Corp	Gentex Corp	-	4,085

December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investment in maturity date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e) Current Value
	Avangrid Inc	Avangrid Inc	-	$ 4,046
	BHP Billiton Plc-Adr	BHP Billiton Plc-Adr	-	4,030
	Best Buy Co	Best Buy Co	-	3,971
	Pnm Resources Inc. N/C Dec 2001	Pnm Resources Inc. N/C Dec 2001	-	3,924
	Royal Bank Of Canada	Royal Bank Of Canada	-	3,919
	Kvh Industries Inc	Kvh Industries Inc	-	3,912
	BWX Technologies Inc	BWX Technologies Inc	-	3,871
	Celgene Corp	Celgene Corp	-	3,861
	CVS Health Corp	CVS Health Corp	-	3,843
	Aes Corp	Aes Corp	-	3,823
	Total Fina Elf Sa Adr	Total Fina Elf Sa Adr	-	3,814
	Mobile Telesys Ojsc Spon Adr	Mobile Telesys Ojsc Spon Adr	-	3,699
	Edison Intl	Edison Intl	-	3,668
	Eversource Energy	Eversource Energy	-	3,664
	Bnp Paribas Adr	Bnp Paribas Adr	-	3,660
	Cheniere Energy Partners LP	Cheniere Energy Partners LP	-	3,646
	Scana Corp	Scana Corp	-	3,620
	Enbridge Energy Mgmt Shr Units	Enbridge Energy Mgmt Shr Units	-	3,602
	Abbott Laboratories	Abbott Laboratories	-	3,595
	Nextera Energy Inc	Nextera Energy Inc	-	3,592
	3-D Systems Corp	3-D Systems Corp	-	3,491
	Firstenergy Corp	Firstenergy Corp	-	3,491
	Sk Telecom Ltd Spon Adr	Sk Telecom Ltd Spon Adr	-	3,489
	Telephone & Data Sys	Telephone & Data Sys	-	3,419
	Colgate-Palmolive	Colgate-Palmolive	-	3,395
	Stamps.Com Inc	Stamps.Com Inc	-	3,384
	Nisource Inc	Nisource Inc	-	3,363
	Mdu Res Group Inc	Mdu Res Group Inc	-	3,252
	American Outdoor Brands Corp	American Outdoor Brands Corp	-	3,210
	Yum China Holdings Inc	Yum China Holdings Inc	-	3,202
	Credicorp Ltd	Credicorp Ltd	-	3,111
	Aflac Inc	Aflac Inc	-	3,072
	Idacorp Inc.	Idacorp Inc.	-	3,015
	Oge Energy Corp	Oge Energy Corp	-	2,929
	Volkswagen Ag Sponsored Adr (vlkay)	Volkswagen Ag Sponsored Adr (vlkay)	-	2,911
	WEC Energy Group Inc	WEC Energy Group Inc	-	2,724
	Subaru Corp	Subaru Corp	-	2,668

December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investment in maturity date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e) Current Value
	Williams Co.	Williams Co.	-	$ 2,653
	Westar Energy Inc (evrg 06/05/18)	Westar Energy Inc (evrg 06/05/18)	-	2,640
	Pattern Energy Group Inc	Pattern Energy Group Inc	-	2,622
	Target Corp	Target Corp	-	2,610
	CenturyLinkl Inc	CenturyLinkl Inc	-	2,552
	Groupon Inc	Groupon Inc	-	2,550
	CSL Ltd Sponsored ADR	CSL Ltd Sponsored ADR	-	2,538
	Banco Bilbao Vizcaya ADR	Banco Bilbao Vizcaya ADR	-	2,533
	Ryanair Holdings Plc-Sp ADR	Ryanair Holdings Plc-Sp ADR	-	2,501
	Continental Ag Spons Adr	Continental Ag Spons Adr	-	2,478
	Kubota Corp ADR	Kubota Corp ADR	-	2,467
	Calpine Corp (acq/del 3/09/18)	Calpine Corp (acq/del 3/09/18)	-	2,466
	Fastenal Co	Fastenal Co	-	2,461
	Portland General Electric Co	Portland General Electric Co	-	2,416
	Muenchener Rueck ADR	Muenchener Rueck ADR	-	2,402
	Apache Corp	Apache Corp	-	2,322
	CA Inc	CA Inc	-	2,296
	WestRock	WestRock	-	2,276
	Tokyo Electron LTD Unsp ADR	Tokyo Electron LTD Unsp ADR	-	2,271
	Alliant Energy Corp	Alliant Energy Corp	-	2,258
	Ugi Corp New	Ugi Corp New	-	2,254
	DNB Nor ASA Sponsor ADR	DNB Nor ASA Sponsor ADR	-	2,228
	Covanta Holding Corp	Covanta Holding Corp	-	2,214
	Komatsu Ltd Sponsored Adr New	Komatsu Ltd Sponsored Adr New	-	2,210
	Northwestern Corp	Northwestern Corp	-	2,209
	The Mosaic Co	The Mosaic Co	-	2,207
	Fortis Inc	Fortis Inc	-	2,200
	BHP Limited	BHP Limited	-	2,162
	AAC Technologies H-Unspon Ad	AAC Technologies H-Unspon Ad	-	2,145
	Cenovus Energy Inc	Cenovus Energy Inc	-	2,141
	Orix Corp Spd Adr	Orix Corp Spd Adr	-	2,120
	Adecco Sa Reg Unspon ADR	Adecco Sa Reg Unspon ADR	-	2,108
	Macquarie Group Ltd ADR	Macquarie Group Ltd ADR	-	2,094
	Nissan Motors Spd Adr	Nissan Motors Spd Adr	-	2,090
	BASF AG Spons ADR	BASF AG Spons ADR	-	2,088
	One Gas Inc	One Gas Inc	-	2,051
	SKF AB Sp ADR	SKF AB Sp ADR	-	2,025

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	Bancolombia S.A. - Spons ADR	Bancolombia S.A. - Spons ADR	-	$ 2,023
	Hsbc Hldgs PLC	Hsbc Hldgs PLC	-	2,014
	Air Liquide Adr France Adr	Air Liquide Adr France Adr	-	2,012
	Ppl Corp	Ppl Corp	-	2,012
	Prudential Corp Adr	Prudential Corp Adr	-	1,980
	Cummins Inc	Cummins Inc	-	1,943
	Novo-Nordisk As	Novo-Nordisk As	-	1,932
	Sandvik Ab Spd Adr (sdvky)	Sandvik Ab Spd Adr (sdvky)	-	1,925
	Black Hills Corp.	Black Hills Corp.	-	1,924
	Diageo Plc Sposored Adr New	Diageo Plc Sposored Adr New	-	1,898
	Atmos Energy Corp	Atmos Energy Corp	-	1,890
	Woodside Petroleum- Sp Adr	Woodside Petroleum- Sp Adr	-	1,879
	National Fuel Gas	National Fuel Gas	-	1,867
	Western Union Co	Western Union Co	-	1,863
	Mettler Toledo Intl	Mettler Toledo Intl	-	1,859
	Pandora A/S Sponsored ADR	Pandora A/S Sponsored ADR	-	1,852
	Hilton Worldwide Holdings Inc	Hilton Worldwide Holdings Inc	-	1,837
	Spire Inc	Spire Inc	-	1,804
	Siemens AG ADR	Siemens AG ADR	-	1,801
	Abb Ltd Spons ADR	Abb Ltd Spons ADR	-	1,743
	Compass Group Plc-Spon ADR	Compass Group Plc-Spon ADR	-	1,734
	Centerpoint Energy Inc	Centerpoint Energy Inc	-	1,702
	Grupo Financiero Banorte SPONS ADR	Grupo Financiero Banorte SPONS ADR	-	1,696
	Ameriprise Financial Inc	Ameriprise Financial Inc	-	1,695
	Nitto Denko Corp-Unsponsored Adr	Nitto Denko Corp-Unsponsored Adr	-	1,686
	Mtn Group Ltd - Spons ADR	Mtn Group Ltd - Spons ADR	-	1,674
	Sysmex Corp-Unspon Adr	Sysmex Corp-Unspon Adr	-	1,657
	Singapore Telecom Spd Adr (sgapy)	Singapore Telecom Spd Adr (sgapy)	-	1,652
	Gilead Sciences Inc	Gilead Sciences Inc	-	1,648
	Roche Hldg Ltd -Spons Adr	Roche Hldg Ltd -Spons Adr	-	1,642
	Givaudan Unspon ADR	Givaudan Unspon ADR	-	1,617
	Astellas Pharma Inc Unsp ADR	Astellas Pharma Inc Unsp ADR	-	1,610
	Noble Energy Inc	Noble Energy Inc	-	1,603
	Reckitt Benckiser-Spon ADR	Reckitt Benckiser-Spon ADR	-	1,597
	Wal Mart De Mexico Sa De Cv Cl V Spon Adr	Wal Mart De Mexico Sa De Cv Cl V Spon Adr	-	1,587
	Sap Aktiengesellschaft Adr	Sap Aktiengesellschaft Adr	-	1,573

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	Express Scripts Holding Co	Express Scripts Holding Co	-	$ 1,567
	Bae Systems Plc Spon Adr (baes.Y)	Bae Systems Plc Spon Adr (baes.Y)	-	1,559
	Taiwan Semiconductor	Taiwan Semiconductor	-	1,546
	Oao Gazprom Adr Reg S	Oao Gazprom Adr Reg S	-	1,521
	Kohl's Corp	Kohl's Corp	-	1,518
	Nestle SA Sponsored ADR Registered (NSRGY)	Nestle SA Sponsored ADR Registered (NSRGY)	-	1,461
	Henkel KGAA Sponsored ADR PFD	Henkel KGAA Sponsored ADR PFD	-	1,458
	Coca-Cola Hbc Ag-Unsn ADR	Coca-Cola Hbc Ag-Unsn ADR	-	1,446
	Imperial Oil Ltd	Imperial Oil Ltd	-	1,436
	Prudential Finl Inc	Prudential Finl Inc	-	1,380
	L Oreal Co Adr	L Oreal Co Adr	-	1,373
	Seagate Technology	Seagate Technology	-	1,339
	Fresenius Se & Co-Spn ADR	Fresenius Se & Co-Spn ADR	-	1,321
	Fanuc Ltd Unsp ADR	Fanuc Ltd Unsp ADR	-	1,298
	China Pete&chem Cp Ads	China Pete&chem Cp Ads	-	1,247
	Teliasonera Ab-Unspon ADR	Teliasonera Ab-Unspon ADR	-	1,208
	WPP PLC ADR	WPP PLC ADR	-	1,177
	Novartis Ag Sponsored Adr	Novartis Ag Sponsored Adr	-	1,175
	Darden Restaurants Inc	Darden Restaurants Inc	-	1,152
	JGC Corp-Unsponsored ADR	JGC Corp-Unsponsored ADR	-	1,128
	Essity Aktiebolag Publ ADS (essyy)	Essity Aktiebolag Publ ADS (essyy)	-	1,112
	Halyard Health Inc (avns 7/02/18)	Halyard Health Inc (avns 7/02/18)	-	1,108
	Carnival PLC ADR	Carnival PLC ADR	-	1,060
	Manulife Financial Corporation	Manulife Financial Corporation	-	980
	Dbs Group Hldgs Ltd. Spon Adr	Dbs Group Hldgs Ltd. Spon Adr	-	971
	Dassault Sys S.A.-ADR	Dassault Sys S.A.-ADR	-	954
	UBS Group AG	UBS Group AG	-	920
	MACOM Technology Solutions Holdings Inc	MACOM Technology Solutions Holdings Inc	-	879
	Marathon Petroleum Corp	Marathon Petroleum Corp	-	858
	Packaging Corp Amer	Packaging Corp Amer	-	844
	Rio Tinto PLC ADR	Rio Tinto PLC ADR	-	794
	Sun Life Financial Inc	Sun Life Financial Inc	-	784
	BT Group Plc Adr	BT Group Plc Adr	-	783
	Macy's Inc	Macy's Inc	-	731
	Astrazeneca Plc Sponsored Adr	Astrazeneca Plc Sponsored Adr	-	694
	Unilever N V - Ny Shares	Unilever N V - Ny Shares	-	676

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(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investment in maturity date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e) Current Value
	Red Rock Resorts Inc Cl A	Red Rock Resorts Inc Cl A	-	$ 675
	General Motors Co	General Motors Co		656
	Prothena Corp PLC	Prothena Corp PLC	-	600
	Cnooc Ltd Spd Adr	Cnooc Ltd Spd Adr	-	574
	Fannie Mae	Fannie Mae	-	530
	Electrolux AB-sponsored ADR B	Electrolux AB-sponsored ADR B	-	517
	ING Groep N V	ING Groep N V	-	480
	Kratos Def & Sec Solutions Inc	Kratos Def & Sec Solutions Inc	-	424
	Aviva PLC ADR	Aviva PLC ADR	-	413
	Stora Enso Corp Spon Adr	Stora Enso Corp Spon Adr	-	379
	Mitsubishi UFJ Financial ADR (mufg 04/02/18)	Mitsubishi UFJ Financial ADR (mufg 04/02/18)	-	371
	Australia & New Zealand Bkg Adr	Australia & New Zealand Bkg Adr	-	357
	Canon Adr Inc.	Canon Adr Inc.	-	299
	Micro Focus International PLC Spon ADR	Micro Focus International PLC Spon ADR	-	269
	Kindred Healthcare Inc. (acq/del 7/02/18)	Kindred Healthcare Inc. (acq/del 7/02/18)	-	243
		Mutual Funds		
	Vanguard Large Cap Index Ins	Vanguard Large Cap Index Ins	-	6,242,839
	Loomis Sayles Growth Fund N	Loomis Sayles Growth Fund N	-	5,127,839
	John Hancock Disciplined Value Fund R6	John Hancock Disciplined Value Fund R6	-	4,076,850
*	City Natl Rochdale Gov Mm-Sv	City Natl Rochdale Gov Mm-Sv	-	3,742,082
	EuroPacific Growth R6	EuroPacific Growth R6	-	3,177,048
	Fidelity Advisor Technology-Class I	Fidelity Advisor Technology-Class I	-	2,851,255
	Janus Henderson Enterprise Fund N Shares	Janus Henderson Enterprise Fund N Shares	-	2,786,807
	Vanguard Small Cap Index Adm	Vanguard Small Cap Index Adm	-	2,594,663
	Vanguard Mid Cap Index Adm	Vanguard Mid Cap Index Adm	-	2,110,581
	PGIM Total Return Bond Cl R6	PGIM Total Return Bond Cl R6	-	2,011,388
	City National Rochdale Government Bond Fund Instl	City National Rochdale Government Bond Fund Instl	-	1,911,025
	Carillon Eagle Small Cap Growth Fund R5	Carillon Eagle Small Cap Growth Fund R5	-	1,899,409
	Columbia Select Mid Cap Value Fund Instl 3	Columbia Select Mid Cap Value Fund Instl 3	-	1,500,736
	Fidelity Advisor High Income Advantage-Class I	Fidelity Advisor High Income Advantage-Class I	-	1,483,131
	American Funds - New World Fun	American Funds - New World Fun	-	1,476,566
	Vanguard Total Bond Index Adm	Vanguard Total Bond Index Adm	-	1,420,763

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	Delaware Small Cap Value I	Delaware Small Cap Value I	-	$ 1,354,155
	Templeton Global Bond Fd - Ad	Templeton Global Bond Fd - Ad	-	1,351,411
	American Balanced Fund R6	American Balanced Fund R6	-	1,042,279
	T. Rowe Price Health Sci	T. Rowe Price Health Sci	-	991,119
	MFS® Utilities Fund R6	MFS® Utilities Fund R6	-	927,178
	Vanguard S/T Bond Index Adm	Vanguard S/T Bond Index Adm	-	827,290
	Vanguard 500 Index Inv	Vanguard 500 Index Inv	-	726,366
	Vanguard Short Term Invest Grade Admiral	Vanguard Short Term Invest Grade Admiral	-	538,188
	Vanguard Tgt Retire Income	Vanguard Tgt Retire Income	-	475,351
	Vanguard Gr Idx Adm	Vanguard Gr Idx Adm	-	448,002
	Vanguard Tgt Retirement 2035	Vanguard Tgt Retirement 2035	-	397,690
	Invesco Qqq Trust Series 1	Invesco Qqq Trust Series 1	-	363,322
	Vanguard Target Retirement 2020	Vanguard Target Retirement 2020	-	335,015
	Vanguard Tgt Retirement 2025	Vanguard Tgt Retirement 2025	-	291,155
	Dodge & Cox Balanced	Dodge & Cox Balanced	-	287,145
	Vanguard Total Int St Idx-Ad	Vanguard Total Int St Idx-Ad	-	278,709
	Vanguard Total Intl Bnd Adm	Vanguard Total Intl Bnd Adm	-	275,118
	Vanguard Real Estate Index Fund Admiral Shares	Vanguard Real Estate Index Fund Admiral Shares	-	273,594
	Vanguard Target Retirement 2040	Vanguard Target Retirement 2040	-	252,020
	Schwab S&P 500 Index	Schwab S&P 500 Index	-	251,848
	Vanguard Target Retirement 2050	Vanguard Target Retirement 2050	-	236,510
	Fidelity Puritan Fd 4	Fidelity Puritan Fd 4	-	235,223
	DFA Two-Year Global Fixed Income	DFA Two-Year Global Fixed Income	-	234,513
	Vanguard Tgt Retirement 2045	Vanguard Tgt Retirement 2045	-	227,995
	Vanguard 500 Index Adm	Vanguard 500 Index Adm	-	222,083
	Powershares Db Oil 2X Short	Powershares Db Oil 2X Short	-	213,000
	Vanguard Intl Value	Vanguard Intl Value	-	199,147
	Vanguard Total Stock Market Adm	Vanguard Total Stock Market Adm	-	193,367
	Vanguard S/T Infl Prot-Adm	Vanguard S/T Infl Prot-Adm	-	163,915
	Vanguard Gr & Inc	Vanguard Gr & Inc	-	154,659
	SPDR Dow Jones Industrial Average ETF Trust	SPDR Dow Jones Industrial Average ETF Trust	-	149,418
	DFA Five Year Global Fixed Income	DFA Five Year Global Fixed Income	-	148,241
	Stone Ridge Reinsur Risk Pre	Stone Ridge Reinsur Risk Pre	-	147,542
	Dodge & Cox Intl Stock	Dodge & Cox Intl Stock	-	142,800
	Am Cent Ultra I	Am Cent Ultra I	-	141,233

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401(k) Profit Sharing Plan

Schedule H, line 4i – Schedule of Assets (Held at End of Year), Cont'd

EIN: 95-1634364 Plan #002

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	Vanguard S&P 500 ETF	Vanguard S&P 500 ETF	-	$ 134,910
	Vanguard Inflation Protected Ad	Vanguard Inflation Protected Ad	-	131,677
	Vanguard Large Cap ETF	Vanguard Large Cap ETF	-	129,322
	Dodge & Cox Income	Dodge & Cox Income	-	127,858
	DFA Intl Real Estate Security Portfolio	DFA Intl Real Estate Security Portfolio	-	127,159
	Primecap Odyssey Aggr Growth	Primecap Odyssey Aggr Growth	-	125,996
	Vanguard Small-Cap Value Index Fund Admrl	Vanguard Small-Cap Value Index Fund Admrl	-	122,923
	iShares Russell 2000 ETF	iShares Russell 2000 ETF	-	120,416
	Vanguard Inttm Investment Grade Fund	Vanguard Inttm Investment Grade Fund	-	116,983
	Vanguard Emerg Mkts Gov Bnd	Vanguard Emerg Mkts Gov Bnd	-	116,392
	Vanguard Target Retirement 2030	Vanguard Target Retirement 2030	-	113,570
	Matthews Asian Gr & Inc	Matthews Asian Gr & Inc	-	101,071
	American Europacific Growth A	American Europacific Growth A	-	95,437
	Vanguard US Gr (Liq TBA)	Vanguard US Gr (Liq TBA)	-	95,033
	Dodge & Cox Stock	Dodge & Cox Stock	-	94,481
	Vanguard High Dividend Yield	Vanguard High Dividend Yield	-	92,909
	Mutual Qualified Z	Mutual Qualified Z	-	89,279
	Longleaf Partners	Longleaf Partners	-	86,886
	iShares MSCI Europ Small Cap ETF	iShares MSCI Europ Small Cap ETF	-	85,387
	iShares MSCI Emerging Markets	iShares MSCI Emerging Markets	-	85,110
	Amer Funds New Persp A	Amer Funds New Persp A	-	84,128
	DFA Intl L/C Growth Port	DFA Intl L/C Growth Port	-	83,333
	BlackRock Global Allocation Fund Inc. R	BlackRock Global Allocation Fund Inc. R	-	79,522
	Invesco Ftse Rafi Us 1000 Et	Invesco Ftse Rafi Us 1000 Et	-	79,202
	Invesco Municipal Opportuni	Invesco Municipal Opportuni	-	76,536
	Proshares S&P 500 Dividends Aristocrats ETF	Proshares S&P 500 Dividends Aristocrats ETF	-	76,528
	PIMCO All Asset R	PIMCO All Asset R	-	75,282
	iShares S&P 500 Value ETF	iShares S&P 500 Value ETF	-	75,136
	Matthews China	Matthews China	-	74,765
	JPMorgan Core Bond Fund I	JPMorgan Core Bond Fund I	-	74,335
	Doubleline Total Return Bond I	Doubleline Total Return Bond I	-	74,028
	iShares US Real Estate ETF	iShares US Real Estate ETF	-	72,134
	Vanguard Tot Stk	Vanguard Tot Stk	-	71,881
	Putnam Capital Spectrum-R	Putnam Capital Spectrum-R	-	69,997
	Angel Oak Multi-Strat Inc-Is	Angel Oak Multi-Strat Inc-Is	-	67,417
	Pioneer Strategic Income Y	Pioneer Strategic Income Y	-	67,297

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	Vanguard Glbl Ex-Us Real Est	Vanguard Glbl Ex-Us Real Est	-	$ 67,155
	Amer Funds Washington A	Amer Funds Washington A	-	66,959
	Vanguard Intl Gr Adm	Vanguard Intl Gr Adm	-	65,498
	Vanguard FTSE All-World Ex-US	Vanguard FTSE All-World Ex-US	-	63,582
	iShares U.S. Healthcare ETF	iShares U.S. Healthcare ETF	-	61,229
	iShares MBS ETF	iShares MBS ETF	-	60,650
	iShares Russell 1000 Growth ETF	iShares Russell 1000 Growth ETF	-	60,606
	Vanguard Specialized Div Growth Fd	Vanguard Specialized Div Growth Fd	-	60,142
	Vanguard High Yield Corp Admiral	Vanguard High Yield Corp Admiral	-	59,222
	Mfs Conservative Alloc-R1	Mfs Conservative Alloc-R1	-	58,818
	iShares S&P 500 Growth ETF	iShares S&P 500 Growth ETF	-	58,816
	Oppenheimer SteelPath MLP Alpha Fund I	Oppenheimer SteelPath MLP Alpha Fund I	-	58,614
	SPDR S&P 500 ETF Trust	SPDR S&P 500 ETF Trust	-	57,375
	iShares J.P. Morgan USD Emergi	iShares J.P. Morgan USD Emergi	-	56,773
	Vanguard Total Intl Stk	Vanguard Total Intl Stk	-	56,431
	Vanguard S&P Mid-Cap 400 Val	Vanguard S&P Mid-Cap 400 Val	-	55,139
	T. Rowe Price Blue Chip	T. Rowe Price Blue Chip	-	54,513
	Proshrs Rsl 2000 Dvd Grw Etf	Proshrs Rsl 2000 Dvd Grw Etf	-	54,031
	Vanguard Consumer Staples ETF	Vanguard Consumer Staples ETF	-	53,788
	DFA US Small Cap Value	DFA US Small Cap Value	-	53,481
	Vanguard Emerging Markets Adm	Vanguard Emerging Markets Adm	-	52,882
	Vanguard Developed Markets Index - Admrl	Vanguard Developed Markets Index - Admrl	-	52,825
	Vanguard Mid-Cap ETF	Vanguard Mid-Cap ETF	-	52,780
	Vanguard Energy ETF	Vanguard Energy ETF	-	51,676
	iShares MSCI EAFE ETF	iShares MSCI EAFE ETF	-	50,553
	Ivy Asset Strategy R	Ivy Asset Strategy R	-	49,933
	Fidelity Capital & Inc	Fidelity Capital & Inc	-	49,256
	DFA US Large Company Inst Index	DFA US Large Company Inst Index	-	47,711
	iShares Micro-Cap ETF	iShares Micro-Cap ETF	-	47,568
	iShares Nasdaq Biotechnology ETF	iShares Nasdaq Biotechnology ETF	-	47,086
	DFA Large Cap International	DFA Large Cap International	-	46,607
	Janus Henderson Global Equity Income Fund	Janus Henderson Global Equity Income Fund	-	46,289
	Ishares Core MSCI EAFE ETF	Ishares Core MSCI EAFE ETF	-	46,197
	Oppenheimer Senior Floating Rate Y	Oppenheimer Senior Floating Rate Y	-	45,210
	Vanguard Diversified Equity Inv	Vanguard Diversified Equity Inv	-	44,551

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401(k) Profit Sharing Plan

Schedule H, line 4i – Schedule of Assets (Held at End of Year), Cont'd

EIN: 95-1634364 Plan #002

December 31, 2017

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	iShares S&P Small-Cap 600 Grow	iShares S&P Small-Cap 600 Grow	-	$ 44,239
	Amer Funds New Econ A	Amer Funds New Econ A	-	44,132
	Pimco Income Fund I-2	Pimco Income Fund I-2	-	43,822
	Wisdomtree Intl S/C Dvd Fund	Wisdomtree Intl S/C Dvd Fund	-	43,392
	Vanguard Tgt Retirement 2015	Vanguard Tgt Retirement 2015	-	42,999
	Riskpro Pfg Equity 30+-R	Riskpro Pfg Equity 30+-R	-	41,860
	Matthews Asia Small Companies	Matthews Asia Small Companies	-	41,502
	DFA Emerging Markets I	DFA Emerging Markets I	-	41,488
	Riskpro Pfg Global 30+-R	Riskpro Pfg Global 30+-R	-	40,935
	Neuberger Berman Real Estate	Neuberger Berman Real Estate	-	40,564
	Matthews Asia Pacific Equity Inc	Matthews Asia Pacific Equity Inc	-	40,518
	Vanguard Inflation-Protected Securities Invst	Vanguard Inflation-Protected Securities Invst	-	40,084
	iShares 1-3 Year Credit Bond ETF	iShares 1-3 Year Credit Bond ETF	-	39,307
	Vanguard Equity-Inc	Vanguard Equity-Inc	-	38,977
	Riskpro Pfg Aggress 30+-R	Riskpro Pfg Aggress 30+-R	-	38,800
	Oppenheimer Developing Markets Y	Oppenheimer Developing Markets Y	-	38,747
	Riskpro Aggressive 30+-R	Riskpro Aggressive 30+-R	-	36,650
	Vanguard Gr Idx	Vanguard Gr Idx	-	36,119
	Vanguard Real Estate Index Fund Investor Shares	Vanguard Real Estate Index Fund Investor Shares	-	35,866
	First Eagle Sogen Over A	First Eagle Sogen Over A	-	35,278
	Vanguard European Stk Ind Admiral	Vanguard European Stk Ind Admiral	-	34,080
	Fidelity Small Cap Discovery	Fidelity Small Cap Discovery	-	33,692
	T. Rowe Price Mid Value	T. Rowe Price Mid Value	-	33,267
	Pimco Foreign Bond Instl	Pimco Foreign Bond Instl	-	33,238
	Vanguard Smcp Idx	Vanguard Smcp Idx	-	33,221
	Vanguard Val Idx	Vanguard Val Idx	-	33,182
	Vanguard Value Index Adm	Vanguard Value Index Adm	-	32,754
	Oakmark Equity & Inc I	Oakmark Equity & Inc I	-	32,651
	Etfs Physical Precious Metal	Etfs Physical Precious Metal	-	32,505
	Ishares Core S&P Small-Cap ETF	Ishares Core S&P Small-Cap ETF	-	32,337
	JPMorgan Large Cap Growth Fund I	JPMorgan Large Cap Growth Fund I	-	32,266
	Ishares Core S&P Mid-Cap ETF	Ishares Core S&P Mid-Cap ETF	-	32,263
	Energy Select Sector Spdr	Energy Select Sector Spdr	-	32,083
	DFA International Value	DFA International Value	-	32,063
	American Beacon Bridgeway Large Cap Value Fund Instl	American Beacon Bridgeway Large Cap Value Fund Instl	-	31,792

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	Vanguard Total Stock Market ETF	Vanguard Total Stock Market ETF	-	$ 31,654
	DFA Emerging Markets Core Equity	DFA Emerging Markets Core Equity	-	31,587
	American Beacon Lon Inc E-Y	American Beacon Lon Inc E-Y	-	31,536
	DFA US Large Cap Value	DFA US Large Cap Value	-	31,396
	DFA US S/C Growth Port	DFA US S/C Growth Port	-	31,175
	Artisan Opportunistic Val IV	Artisan Opportunistic Val IV	-	30,826
	DFA Real Estate Securities	DFA Real Estate Securities	-	29,839
	Vanguard Smcp Vl Idx	Vanguard Smcp Vl Idx	-	27,552
	Vanguard Intl Explorer	Vanguard Intl Explorer	-	27,123
	Vanguard FTSE Emerging Market	Vanguard FTSE Emerging Market	-	27,087
	Vanguard Intl Gr	Vanguard Intl Gr	-	26,975
	Vanguard FTSE All WO X US SC	Vanguard FTSE All WO X US SC	-	26,827
	American Beacon Bridgeway Large Cap Growth Inst	American Beacon Bridgeway Large Cap Growth Inst	-	26,431
	Vanguard Pacific Stock Index Fund Admrl 572	Vanguard Pacific Stock Index Fund Admrl 572	-	25,423
	Pimco Income Funds Inst	Pimco Income Funds Inst	-	25,183
	Bridgeway Small Cap Value N	Bridgeway Small Cap Value N	-	24,521
	Janus Henderson Small Cap Value Fund I Shares	Janus Henderson Small Cap Value Fund I Shares	-	24,396
	Principal Midcap Inst	Principal Midcap Inst	-	23,816
	Oppenheimer International Small-Mid Company Fund Y	Oppenheimer International Small-Mid Company Fund Y	-	23,794
	Vanguard Total Bd Idx Inv	Vanguard Total Bd Idx Inv	-	21,969
	JPMorgan Str Income Opp I	JPMorgan Str Income Opp I	-	21,921
	Fidelty Total Bond Fund	Fidelty Total Bond Fund	-	21,502
	Vanguard Short Term Bond ETF	Vanguard Short Term Bond ETF	-	21,436
	Riskpro Pfg Balan 20-30-R	Riskpro Pfg Balan 20-30-R	-	21,412
	Proshares Short QQQ	Proshares Short QQQ	-	21,348
	DFA US Micro Cap	DFA US Micro Cap	-	21,147
	Vanguard Sht-Tm Cp	Vanguard Sht-Tm Cp	-	21,131
	Proshares Short S&P 500	Proshares Short S&P 500	-	21,126
	CBRE Clarion Global Real Estate Income Fund	CBRE Clarion Global Real Estate Income Fund	-	20,797
	DFA International Small Company	DFA International Small Company	-	20,452
	Legg Mason Capital Management Value Trust Class C	Legg Mason Capital Management Value Trust Class C	-	20,125
	Homestead Small Company Stock	Homestead Small Company Stock	-	20,112

December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investment in maturity date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e) Current Value
	Longleaf Partners Intl	Longleaf Partners Intl	-	$ 19,186
	iShares 1-3 Year Treasury Bond	iShares 1-3 Year Treasury Bond	-	19,118
	SPDR GOLD TRUST GOLD SHS	SPDR GOLD TRUST GOLD SHS	-	18,548
	Technology Select Sector Spdr	Technology Select Sector Spdr	-	17,970
	Tweedy Browne Global Value	Tweedy Browne Global Value	-	17,782
	Riskpro Dynamic 15-25-R	Riskpro Dynamic 15-25-R	-	17,212
	Riskpro Pfg 30+-R	Riskpro Pfg 30+-R	-	17,203
	Vanguard Health Care	Vanguard Health Care	-	16,777
	iShares PHLX Semiconductor ETF	iShares PHLX Semiconductor ETF	-	16,132
	Invesco S&P 500 Low Volatili	Invesco S&P 500 Low Volatili	-	15,330
	Morgan Stanley Emerging Market	Morgan Stanley Emerging Market	-	14,669
	Alerian Mlp ETF	Alerian Mlp ETF	-	14,178
	Parnassus Inc Equity Inc	Parnassus Inc Equity Inc	-	12,636
	Select Sector Consumer Discretionary Tr	Select Sector Consumer Discretionary Tr	-	12,238
	Financial Select Sector Spdr	Financial Select Sector Spdr	-	12,113
	Invesco Dynamic Pharmaceutic	Invesco Dynamic Pharmaceutic	-	11,936
	Akre Focus Fund-Ret	Akre Focus Fund-Ret	-	11,928
	Health Care Select Sector Spdr	Health Care Select Sector Spdr	-	11,823
	Fidelity Adv H/I Advant M	Fidelity Adv H/I Advant M	-	11,437
	USAA Intermediate Term Bond	USAA Intermediate Term Bond	-	10,750
	Vanguard Em Mkt Idx	Vanguard Em Mkt Idx	-	10,725
	Vanguard Target Retirement 2055 Fund Inv	Vanguard Target Retirement 2055 Fund Inv	-	10,710
	Fpa Capital	Fpa Capital	-	10,686
	Select Sector Spdr Utilities	Select Sector Spdr Utilities	-	10,589
	Velocityshares 3X Long Natural	Velocityshares 3X Long Natural	-	10,185
	Invesco Technology Inv	Invesco Technology Inv	-	10,041
	Vanguard Short-Tm Trs	Vanguard Short-Tm Trs	-	9,999
	DFA US L/C Growth Port	DFA US L/C Growth Port	-	9,485
	Proshares Short 20+ Treasury	Proshares Short 20+ Treasury	-	9,360
	iShares iBoxx Investment Grade	iShares iBoxx Investment Grade	-	8,995
	Ishares Core U.S. Aggregate Bond ETF	Ishares Core U.S. Aggregate Bond ETF	-	8,965
	Consumer Staples Select Sector Spdr	Consumer Staples Select Sector Spdr	-	8,647
	Vanguard Total Bond Market	Vanguard Total Bond Market	-	8,157
	Vanguard Intermediate Term C	Vanguard Intermediate Term C	-	7,952
	Wisdomtree Emrg Mrkts High Dividend Fund	Wisdomtree Emrg Mrkts High Dividend Fund	-	7,891
	T Rowe Price Global Technology	T Rowe Price Global Technology	-	7,826

December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investment in maturity date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e) Current Value
	Spdr S&P Inter Dvd Etf	Spdr S&P Inter Dvd Etf	-	$ 7,624
	Vanguard Communication Service ETF	Vanguard Communication Service ETF	-	7,292
	Materials Select Sector Spdr	Materials Select Sector Spdr	-	7,264
	iShares iBoxx High Yield Corp	iShares iBoxx High Yield Corp	-	7,155
	Ishares MSCI South Korea ETF	Ishares MSCI South Korea ETF	-	6,594
	Ishares MSCI Brazil ETF	Ishares MSCI Brazil ETF	-	6,553
	iShares MSCI South Africa ETF	iShares MSCI South Africa ETF	-	5,879
	iShares MSCI Indonesia ETF	iShares MSCI Indonesia ETF	-	5,402
	Ishares MSCI Belgium ETF	Ishares MSCI Belgium ETF	-	5,045
	DFA International Small Cap Value	DFA International Small Cap Value	-	4,841
	PIMCO 0-5 Year H/Y Corp Bond Index ETF	PIMCO 0-5 Year H/Y Corp Bond Index ETF	-	4,321
	iShares MSCI India ETF	iShares MSCI India ETF	-	4,040
	Ishares MSCI Austria ETF	Ishares MSCI Austria ETF	-	4,016
	Ishares MSCI Thailand ETF	Ishares MSCI Thailand ETF	-	3,978
	DFA US Small Cap	DFA US Small Cap	-	3,963
	Ishares MSCI Poland ETF	Ishares MSCI Poland ETF	-	3,955
	Ishares MSCI Switzerland ETF	Ishares MSCI Switzerland ETF	-	3,914
	iShares MSCI Netherlands ETF	iShares MSCI Netherlands ETF	-	3,871
	VanEck Vectors Emer Markets H/Y Bond ETF	VanEck Vectors Emer Markets H/Y Bond ETF	-	3,843
	Ishares MSCI Taiwan ETF	Ishares MSCI Taiwan ETF	-	3,838
	VanEck Vectors Russia ETF	VanEck Vectors Russia ETF	-	3,754
	iShares Agency Bond ETF	iShares Agency Bond ETF	-	2,940
	Ishares MSCI New Zealand ETF	Ishares MSCI New Zealand ETF	-	2,516
	iShares MSCI Germany ETF	iShares MSCI Germany ETF	-	2,477
	iShares MSCI Philippines ETF	iShares MSCI Philippines ETF	-	2,407
	Real Estate Select Sect Spdr	Real Estate Select Sect Spdr	-	2,405
	Ishares Short-Term National	Ishares Short-Term National	-	1,678
	Ishares MSCI Chile ETF	Ishares MSCI Chile ETF	-	1,565
	iShares Russell 2000 Value ETF	iShares Russell 2000 Value ETF	-	1,132
	Ishares MSCI Peru ETF	Ishares MSCI Peru ETF	-	1,106
	Vanguard Consumer Staples Index Fund Admiral	Vanguard Consumer Staples Index Fund Admiral	-	1,074
	Spdr Nuveen Bloomberg Barclays Short Term Municipal Bond	Spdr Nuveen Bloomberg Barclays Short Term Municipal Bond	-	96

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401(k) Profit Sharing Plan

Schedule H, line 4i – Schedule of Assets (Held at End of Year), Cont'd

EIN: 95-1634364 Plan #002

December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investment in maturity date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e) Current Value
		Insurance Policies		
	Northwestern Mut #13570309	Northwestern Mut #13570309	-	$ 238,431
	Northwestern Mut #15635419	Northwestern Mut #15635419	-	199,926
	Northwestern Mut #10861431	Northwestern Mut #10861431	-	152,235
	Pacific Life #1A22140220	Pacific Life #1A22140220	-	122,145
	Penn Mutual Univ Life Pol#8001387	Penn Mutual Univ Life Pol#8001387	-	78,096
	Pacific Life #1A22126900	Pacific Life #1A22126900	-	60,355
	Northwestern Mut #15381574	Northwestern Mut #15381574	-	58,281
	Northwestern Mut#13159845	Northwestern Mut#13159845	-	56,157
	Northwestern Mut #14856344	Northwestern Mut #14856344	-	53,296
	Northwestern Mut #12718355	Northwestern Mut #12718355	-	46,253
		Partnership Interests		
	Southwest Value Partners Fund Xv LP	Southwest Value Partners Fund Xv LP	-	813,706
	CR Realty LLC	CR Realty LLC	-	660,000
	Pacific Rim Distribution Centre LLC	Pacific Rim Distribution Centre LLC	-	494,123
	Southwest Value Partners Fund XVII, LP	Southwest Value Partners Fund XVII, LP	-	491,380
	MG Lakeview Investments WFS LP	MG Lakeview Investments WFS LP	-	425,500
	Pacific Rim Industrial Park LLC	Pacific Rim Industrial Park LLC	-	412,428
	Calexico Crossings, LLC	Calexico Crossings, LLC	-	340,000
	Calexico Distribution Center LLC	Calexico Distribution Center LLC	-	309,000
	Rocky Hemingway House Ltd L P	Rocky Hemingway House Ltd L P	-	302,648
	MG Preserve at Melrose Apartments LP	MG Preserve at Melrose Apartments LP	-	300,000
	MG Granada Sienna Holdings LP	MG Granada Sienna Holdings LP	-	289,170
	Pathfinders Partners 2017 Multifamily Opportunity Fund, L.P.	Pathfinders Partners 2017 Multifamily Opportunity Fund, L.P.	-	288,000
	Pathfinders Partners Opportunity Fund V-A, LP	Pathfinders Partners Opportunity Fund V-A, LP	-	287,500
	P V A Ltd L P	P V A Ltd L P	-	272,087
	Davlyn California Multifamily Fund I, LP	Davlyn California Multifamily Fund I, LP	-	268,000
	Solana Lucent Station Investors, LLC	Solana Lucent Station Investors, LLC	-	250,000
	MG Terramonte Apartments LP	MG Terramonte Apartments LP	-	202,441
	MG Waterleaf Investments SHL, LP	MG Waterleaf Investments SHL, LP	-	200,000
	Pacifica Palms LLC	Pacifica Palms LLC	-	191,529
	MG Waterstone Apartments LP	MG Waterstone Apartments LP	-	186,056
	OurCrowd First, LP	OurCrowd First, LP	-	176,123
	Southwest Value Partners Fund XVIII, LP	Southwest Value Partners Fund XVIII, LP	-	171,895

December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investment in maturity date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e) Current Value
	San Diego Apartments Portfolio 1 LLC	San Diego Apartments Portfolio 1 LLC	-	$ 170,266
	Pacific Rim Business Centre LLC	Pacific Rim Business Centre LLC	-	169,325
	MG 909 West Investments, LP	MG 909 West Investments, LP	-	166,172
	MG Barham Villas Apartments LP	MG Barham Villas Apartments LP	-	160,316
	Pathfinders Tradewinds Residential II LLC	Pathfinders Tradewinds Residential II LLC	-	151,380
	ABC Funding Strategies, LLC	ABC Funding Strategies, LLC	-	150,000
	Solstar Regency LLC	Solstar Regency LLC	-	150,000
	MG Tuscany Ridge Apartments	MG Tuscany Ridge Apartments	-	143,199
	Warwick Hillcrest, LLC	Warwick Hillcrest, LLC	-	129,954
	MG Ascent Apartments, LP	MG Ascent Apartments, LP	-	126,953
	Petershill II Offshore Fund, LP	Petershill II Offshore Fund, LP	-	125,742
	Eastlake Professional Center LLC	Eastlake Professional Center LLC	-	125,175
	Hoppscotch LLC	Hoppscotch LLC	-	121,815
	Pathfinder Partners Opp Fund IV LP	Pathfinder Partners Opp Fund IV LP	-	117,000
	Pathfinders Partners Opportunity Fund V-A, LP	Pathfinders Partners Opportunity Fund V-A, LP	-	115,000
	MG Russellville Commons Apartment Holdings, LP	MG Russellville Commons Apartment Holdings, LP	-	111,493
	MG 909 West Investments, LP	MG 909 West Investments, LP	-	111,306
	Associated Microbreweries Ltd Cl A	Associated Microbreweries Ltd Cl A	-	111,200
	MG Reunion at Redmond LP	MG Reunion at Redmond LP	-	100,000
	Salt Lake City Southwest Ventures	Salt Lake City Southwest Ventures	-	100,000
	MG Sage Canyon Apartments LP	MG Sage Canyon Apartments LP	-	92,522
	Calexico Distribution Center LLC	Calexico Distribution Center LLC	-	84,273
	Artesia Escondido, LLC	Artesia Escondido, LLC	-	82,812
	Southwest Value Partners Fund XIX LP	Southwest Value Partners Fund XIX LP	-	75,902
	MG Union Place Investment PNG LP	MG Union Place Investment PNG LP	-	75,673
	Casero LLC	Casero LLC	-	75,000
	Fort Collins Ventures LLC	Fort Collins Ventures LLC	-	75,000
	Sterling Sherman Heights, LLC	Sterling Sherman Heights, LLC	-	75,000
	Enclave Lake Murray LLC	Enclave Lake Murray LLC	-	73,600
	MG Tuscany Ridge Apartments	MG Tuscany Ridge Apartments	-	71,594
	Stoneridge Lake Murray LLC	Stoneridge Lake Murray LLC	-	66,774
	MG Sterling Village Apts Gwp LP	MG Sterling Village Apts Gwp LP	-	62,896
	MG Reflections at the Marina, LLC	MG Reflections at the Marina, LLC	-	60,219
	MG Ontario Town Square Townhomes LP	MG Ontario Town Square Townhomes LP	-	59,538

December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investment in maturity date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e) Current Value
	PIMCO Corporate Opportunities Fund II Onshore Feeder LP	PIMCO Corporate Opportunities Fund II Onshore Feeder LP	-	$ 59,504
	MG Monte Vista COR L.P.	MG Monte Vista COR L.P.	-	59,275
	Pathfinder Talavera Holdings, LLC	Pathfinder Talavera Holdings, LLC	-	56,500
	MG Santa Rosa Apartments, LP	MG Santa Rosa Apartments, LP	-	56,440
	MG Marquee Investments Pkv LP	MG Marquee Investments Pkv LP	-	54,844
	ABC Funding Strategies, LLC	ABC Funding Strategies, LLC	-	50,000
	ABC Funding Strategies, LLC	ABC Funding Strategies, LLC	-	50,000
	CWC Income Properties 6, LLC	CWC Income Properties 6, LLC	-	50,000
	San Diego Arena Associates L P	San Diego Arena Associates L P	-	50,000
	OurCrowd First Prime LP	OurCrowd First Prime LP	-	49,140
	Pathfinders Tradewinds Residential LLC	Pathfinders Tradewinds Residential LLC	-	48,620
	Pathfinder Partners Opp Fd III LP	Pathfinder Partners Opp Fd III LP	-	48,000
	Gentry's Walk Apartments AZ, LLC	Gentry's Walk Apartments AZ, LLC	-	46,927
	Cwc Healthtech Fund I LLC	Cwc Healthtech Fund I LLC	-	43,913
	MG Canyon Villa Apartments, LP	MG Canyon Villa Apartments, LP	-	43,560
	Calexico Crossings II LP	Calexico Crossings II LP	-	40,500
	Indie Health LLC	Indie Health LLC	-	40,000
	Linq Apartments, LLC	Linq Apartments, LLC	-	39,243
	MG Sedona at Lone Mountain Apartments L.P.	MG Sedona at Lone Mountain Apartments L.P.	-	31,000
	CWC Nexus Fund 1, LLC	CWC Nexus Fund 1, LLC	-	30,000
	Pizza Nova Newport Beach LLC	Pizza Nova Newport Beach LLC	-	30,000
	Barcelona 326 Juniper LLC	Barcelona 326 Juniper LLC	-	29,997
	MG Ontario Town Square Townhomes, LP	MG Ontario Town Square Townhomes, LP	-	29,769
	Our Crowd (Investment in TechSee) LP	Our Crowd (Investment in TechSee) LP	-	27,057
	1953 NW Overton Portland, LLC	1953 NW Overton Portland, LLC	-	25,000
	CWC Income Properties 3, LLC	CWC Income Properties 3, LLC	-	25,000
	Azure III Bouqs Growth L.P.	Azure III Bouqs Growth L.P.	-	24,674
	Pathfinder Partners Lux Home Fd I LP	Pathfinder Partners Lux Home Fd I LP	-	23,500
	Gentry's Walk Apartments AZ, LLC	Gentry's Walk Apartments AZ, LLC	-	23,464
	Palms Of La Mesa Apts LLC	Palms Of La Mesa Apts LLC	-	22,048
	Noble Royalty Access Fund VIII LP	Noble Royalty Access Fund VIII LP	-	20,475
	Molokai Apartments LLC (Copper Palms)	Molokai Apartments LLC (Copper Palms)	-	19,295
	The Woods Apartments LLC	The Woods Apartments LLC	-	19,271
	MG Prelude at the Park Apartments PNR L.P.	MG Prelude at the Park Apartments PNR L.P.	-	18,440

December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investment in maturity date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e) Current Value
	Howe Group/Stonebridge LLC	Howe Group/Stonebridge LLC	-	$ 15,584
	Greenbutts LLC	Greenbutts LLC	-	11,950
	LIVe & Learn Properties Fund I LLC	LIVe & Learn Properties Fund I LLC	-	11,492
	Cwc Regional Housing Fund 3 LLC	Cwc Regional Housing Fund 3 LLC	-	8,850
	Nextera Energy Partners LP	Nextera Energy Partners LP	-	2,414
		Real Estate Investment Trust		
	Realty Income Corp	Realty Income Corp	-	236,488
	Columbia Property Trust Inc	Columbia Property Trust Inc	-	140,523
	Welltower Inc (well 02/28/18)	Welltower Inc (well 02/28/18)	-	42,280
	Alexandria Real Estate	Alexandria Real Estate	-	41,409
	Host Hotels & Resorts Inc	Host Hotels & Resorts Inc	-	40,843
	Equity Res. Property	Equity Res. Property	-	38,592
	Annaly Capital Management Inc	Annaly Capital Management Inc	-	36,752
	Kimco Realty Corp	Kimco Realty Corp	-	35,683
	Liberty Property Trust	Liberty Property Trust	-	34,489
	Invitation Homes Inc	Invitation Homes Inc	-	24,560
	Summit Hotel Properties Inc	Summit Hotel Properties Inc	-	22,073
	Anworth Mortgage Asset	Anworth Mortgage Asset	-	21,760
	Omega Healthcare Invs	Omega Healthcare Invs	-	17,885
	Chimera Investment Corp	Chimera Investment Corp	-	13,860
	Hospitality Pptys Tr	Hospitality Pptys Tr	-	7,761
	Redwood Trust Inc	Redwood Trust Inc	-	7,370
	UDR Inc	UDR Inc	-	5,739
	Crown Castle Intl Corp	Crown Castle Intl Corp	-	5,106
	Extra Space Storage Inc	Extra Space Storage Inc	-	4,810
	Simon Ppty Group Inc	Simon Ppty Group Inc	-	4,809
	Equinix Inc	Equinix Inc	-	4,532
	Prologis	Prologis	-	3,935
	Digital Realty Trust Inc	Digital Realty Trust Inc	-	3,873
	Kilroy Realty Corp	Kilroy Realty Corp	-	3,807
	Regency Centers Corp	Regency Centers Corp	-	3,667
	Apartment Investment & Management Co. Cl A	Apartment Investment & Management Co. Cl A	-	3,584
	Essex Property Trust Inc	Essex Property Trust Inc	-	3,379
	Sun Community Inc.	Sun Community Inc.	-	3,340
	Healthcare Trust Of America	Healthcare Trust Of America	-	3,004

December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investment in maturity date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e) Current Value
	GGP Inc	GGP Inc	-	$ 2,971
	Douglas Emmett Inc - W/I	Douglas Emmett Inc - W/I	-	2,956
	Boston Properties Inc.	Boston Properties Inc.	-	2,731
	Weingarten Realty Invs	Weingarten Realty Invs	-	2,728
	Cousins Pptys Inc	Cousins Pptys Inc	-	2,720
	Camden Ppty Tr	Camden Ppty Tr	-	2,394
	Cyrusone Inc	Cyrusone Inc	-	2,262
	Life Storage Inc	Life Storage Inc	-	2,227
	Urban Edge Properties	Urban Edge Properties	-	2,090
	HCP Inc	HCP Inc	-	2,034
	Gaming and Leisure Properties Inc	Gaming and Leisure Properties Inc	-	1,850
	Gramercy Property Trust	Gramercy Property Trust	-	1,680
	Corporate Office Properties Sbi	Corporate Office Properties Sbi	-	1,664
	Infrareit Inc	Infrareit Inc	-	1,542
	The Geo Group Inc	The Geo Group Inc	-	1,440
	Lamar Advertising Co A	Lamar Advertising Co A	-	1,411
	Highwoods Pptys Inc	Highwoods Pptys Inc	-	1,222
	American Campus Communities	American Campus Communities	-	1,108
	Hudson Pacific Properties In	Hudson Pacific Properties In	-	1,062
	Empire State Realty Trust In	Empire State Realty Trust In	-	1,047
	Orchid Island Capital Inc	Orchid Island Capital Inc	-	882
	Physicians Realty Trust	Physicians Realty Trust	-	810
	Agree Realty Corp	Agree Realty Corp	-	463
	Park Hotels & Resorts Inc	Park Hotels & Resorts Inc	-	431
	EPR Properties	EPR Properties	-	327
	SL Green Rlty Corp	SL Green Rlty Corp	-	303
	Equity Lifestyle Properties REIT	Equity Lifestyle Properties REIT	-	267
	RLJ Lodging Trust	RLJ Lodging Trust	-	264
	Sabra Healthcare REIT Inc	Sabra Healthcare REIT Inc	-	263
	Apple Hospitality REIT Inc	Apple Hospitality REIT Inc	-	255
		Other		
	McDonald's Corp	McDonald's Corp	-	150,036
	Express Scripts Holding	Express Scripts Holding	-	149,780
	AT&T Inc	AT&T Inc	-	30,689
	Morgan Stanley	Morgan Stanley	-	30,016
	Anheuser-Busch Inbev Fin	Anheuser-Busch Inbev Fin	-	20,600

Procopio, Cory, Hargreaves & Savitch LLP
401(k) Profit Sharing Plan

Schedule H, line 4i – Schedule of Assets (Held at End of Year), Cont'd

EIN: 95-1634364 Plan #002

December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investment in maturity date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e) Current Value
	JPMorgan Chase & Co	JPMorgan Chase & Co	-	$ 15,131
	Brainlike Inc Com	Brainlike Inc Com	-	1,000
		Notes Receivable From Participants		
*	Notes Receivable From Participants	3.5 – 4.75% per Annum	-	$ 502,788

* Represents a party-in-interest.
** Cost is omitted as allowed for participant directed transactions under an individual account plan.

SUMMARY ANNUAL REPORT
INSTRUCTIONS

Attached is a copy of the Summary Annual Report.

A copy of this report must be distributed to all participants and beneficiaries of the plan no later than December 15, 2018. Plan participants include active participants with account balances, terminated participants who had an account balance at any time during the plan year and eligible participants who elect not to participate and do not have an account balance in the plan.

It is not filed with the Department of Labor when you submit your 5500 filing.

If you have any questions regarding this report, please contact your Compliance Consultant at OneAmerica Retirement Services LLC.

SUMMARY ANNUAL REPORT FOR
PROCOPIO, CORY, HARGREAVES & SAVITCH LLP 401(K) PROFIT SHARING PLAN

This is a summary of the annual report for the Procopio, Cory, Hargreaves & Savitch Llp 401(k) Profit Sharing Plan (Employer Identification Number 95-1634364, Plan Number 002) for the plan year 01/01/2017 through 12/31/2017. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement

Benefits under the plan are provided by insurance contracts and a trust fund. Plan expenses were $3,627,294. These expenses included $274,124 in administrative expenses and $3,353,170 in benefits paid to participants and beneficiaries, and $0 in other expenses. A total of 419 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan, was $102,175,052 as of the end of the plan year, compared to $86,153,718 as of the beginning of the plan year. During the plan year the plan experienced a change in its net assets of $16,021,334. This change includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of $19,648,628, including employer contributions of $2,902,822, employee contributions of $1,794,317, other contributions/other income of $898,319, gains/(losses) of $1,474,047 from the sale of assets, and earnings from investments of $12,579,123.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report.
2. Financial information and information on payments to service providers.
3. Assets held for investment.
4. Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the plan administrator, at 525 B Street, Suite 2200, San Diego, CA 92101 and phone number, 619-238-1900.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the plan: 525 B Street, Suite 2200, San Diego, CA 92101, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Additional Explanation

The complete annual report is always available to view online, without any cost to you at www.efast.dol.gov.

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

DECEMBER 31, 2017

*See attached financial statements with auditor's report.