

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2017</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>12/01/2017</u> and ending <u>11/30/2018</u>	
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.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>ASSOCIATED RETINAL CONSULTANTS, P.C. EMPLOYEES' 401(K) PS PLAN AND TRUST</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>02/17/1971</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>02/17/1971</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>02/17/1971</u>					
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) <u>ASSOCIATED RETINAL CONSULTANTS, P.C.</u> <u>39650 ORCHARD HILL PLACE</u> <u>SUITE 200</u> <u>NOVI, MI 48375</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>38-1946761</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>248-319-0161</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621111</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>38-1946761</u>	2c Plan Sponsor's telephone number <u>248-319-0161</u>	2d Business code (see instructions) <u>621111</u>	
2b Employer Identification Number (EIN) <u>38-1946761</u>					
2c Plan Sponsor's telephone number <u>248-319-0161</u>					
2d Business code (see instructions) <u>621111</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/15/2019	ANTONIO CAPONE, JR. MD
	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

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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	5 190
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) 132
a(2) Total number of active participants at the end of the plan year	6a(2) 125
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 59
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 184
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 184
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 184
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 13
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 2G 2J 2K 2T

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ 0 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2017 or fiscal plan year beginning **12/01/2017** and ending **11/30/2018**

A Name of plan ASSOCIATED RETINAL CONSULTANTS, P.C. EMPLOYEES' 401(K) PS PLAN AND TRUST	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 ASSOCIATED RETINAL CONSULTANTS, P.C.	D Employer Identification Number (EIN) 38-1946761

Part I	Service Provider Information (see instructions)
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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

DREYFUS

13-5673135

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

PIMCO FUNDS

95-2632339

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

AMERICAN FUNDS

95-1411037

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

OAKMARK

04-3276558

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

DODGE & COX

94-1441976

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

MFS

04-2747644

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

JANUS

43-1804048

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

FRANKLIN TEMPLETON INVESTMENTS

94-3167260

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

INVESCO VAN KAMPEN

58-2287224

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

NEUBERGER BERMAN

13-5521910

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

WILLIAM BLAIR

36-2214610

(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)

WELLS FARGO BANK, N.A.

94-1347393

(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 49 50 52 60 62 63 64	SERVICE PROVIDER	14614	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 12/01/2017 and ending 11/30/2018

A Name of plan <u>ASSOCIATED RETINAL CONSULTANTS, P.C. EMPLOYEES' 401(K) PS PLAN AND TRUST</u>	B Three-digit plan number (PN)	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ASSOCIATED RETINAL CONSULTANTS, P.C.</u>	D Employer Identification Number (EIN) <u>38-1946761</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO STABLE RETURN FUND F</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>52-2251407-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>797295</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO/BLACKROCK S&P 500 INDEX</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>52-2251407-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>627330</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO/MFS VALUE CIT F</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>52-2251407-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1492212</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO STABLE RETURN FUND N60</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>52-2251407-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1012419</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 <u>12/01/2017</u> and ending <u>11/30/2018</u>		
A Name of plan <u>ASSOCIATED RETINAL CONSULTANTS, P.C. EMPLOYEES' 401(K) PS PLAN AND TRUST</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ASSOCIATED RETINAL CONSULTANTS, P.C.</u>	D Employer Identification Number (EIN) <u>38-1946761</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	15709	19
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	943544	1019681
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	34200	41697
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	742688	686733
	(2) U.S. Government securities.....	1c(2)	1400938	775902
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)	1891751	2356675
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)	5899268	5974519
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)	4007632	3929256
	(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)	15825124	15788731
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)	1547366	2282290

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	32308220	32855503

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	51232	19
k Total liabilities (add all amounts in lines 1g through 1j)	1k	51232	19

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	32256988	32855484
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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)	1019681	
(B) Participants	2a(1)(B)	571499	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1591180
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	18644	
(B) U.S. Government securities	2b(1)(B)	34011	
(C) Corporate debt instruments	2b(1)(C)	103303	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	7293	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		163251
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	119839	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	221636	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		341475
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	11270054	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	10966908	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		303146
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-531567	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-531567

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		89399
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-523217
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income	2c		15950
d Total income. Add all income amounts in column (b) and enter total.....	2d		1449617

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	836225	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		836225
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	14896	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		14896
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		851121

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		598496
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: UHY LLP

(2) EIN: 20-0694403

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2017 or fiscal plan year beginning 12/01/2017 and ending 11/30/2018		
A Name of plan ASSOCIATED RETINAL CONSULTANTS, P.C. EMPLOYEES' 401(K) PS PLAN AND TRUST		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 ASSOCIATED RETINAL CONSULTANTS, P.C.		D Employer Identification Number (EIN) 38-1946761
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): 41-6257133		
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

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): _____		

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of the
Associated Retinal Consultants, P.C. Employees' 401(k) Profit Sharing Plan and Trust

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Associated Retinal Consultants, P.C. Employees' 401(k) Profit Sharing Plan and Trust, which comprise the statements of net assets available for benefits as of November 30, 2018 and 2017, and the related statement of changes in net assets available for benefits for the year ended November 30, 2018, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 Wells Fargo Bank, N.A., the trustee 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 trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of November 30, 2018 and 2017 and for the year ended November 30, 2018, that the information provided to the plan administrator by the trustee is complete and accurate.

To the Participants and Plan Administrator of the
Associated Retinal Consultants, P.C. Employees' 401(k) Profit Sharing Plan and Trust
Page Two

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of November 30, 2018 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on 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 trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

The image shows a handwritten signature in dark ink. The letters 'UHY' are written in a large, stylized, cursive font, and 'LLP' is written in a smaller, simpler font to the right of 'UHY'.

Farmington Hills, Michigan
June 19, 2019

**ASSOCIATED RETINAL CONSULTANTS, P.C.EMPLOYEES'
401(K) PROFIT SHARING PLAN AND TRUSTS
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

	November 30,	
	2018	2017
ASSETS		
Investments at fair value	\$ 31,794,107	\$ 31,314,767
Receivables:		
Employer contributions	1,019,681	943,544
Interest and dividends receivable	41,697	34,200
Total receivables	1,061,378	977,744
Cash - noninterest-bearing	19	15,709
Total assets	32,855,504	32,308,220
LIABILITY - Amounts owed for securities purchased	19	51,232
Net assets available for benefits	\$ 32,855,485	\$ 32,256,988

**ASSOCIATED RETINAL CONSULTANTS, P.C. EMPLOYEES'
401(K) PROFIT SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended November 30, 2018**

ADDITIONS TO NET ASSETS ATTRIBUTED TO

Investment income	
Net depreciation in the fair value of investments	\$ (662,236)
Interest and dividend income	504,724
Contributions	
Employer	1,019,681
Employee	571,499
Other income	15,950
	<hr/>
Total additions	1,449,618

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO

Benefit payments to participants or beneficiaries	836,225
Investment and administrative expenses	14,896
	<hr/>
Total deductions	851,121

NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS 598,497

NET ASSETS AVAILABLE FOR BENEFITS -

Beginning of year 32,256,988

NET ASSETS AVAILABLE FOR BENEFITS -

End of year \$ 32,855,485

**ASSOCIATED RETINAL CONSULTANTS, P.C. EMPLOYEES'
401(K) PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
November 30, 2018 and 2017**

NOTE 1 – PLAN DESCRIPTION

The following description of the Associated Retinal Consultants, P.C. (the “Company”) Employees’ 401(k) Profit Sharing Plan and Trust (the “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 is a defined contribution plan covering all employees except for leased employees and employees covered by a collective bargaining agreement. Participation in the plan is discretionary for all eligible employees who exceed the 1,000 hour requirement of the Company and who are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Trustee

Wells Fargo Bank, N.A. (Wells Fargo) is the Plan’s trustee. Wells Fargo invests all participant and employer contributions, as well as earnings thereon, pursuant to the terms of the Plan.

Contributions

The Plan allows participants to elect to defer a portion of their compensation up to 100% not to exceed the maximum amounts allowed for by the Internal Revenue Code. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The profit sharing plan allows multiple investment options in which the investment advisor selects the investment mix. Employer contributions to the Plan are in the form of qualified nonelective contributions and discretionary profit sharing contributions determined by actuarial calculations subject to IRS limitations.

Participant Accounts

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

**ASSOCIATED RETINAL CONSULTANTS, P.C. EMPLOYEES'
401(K) PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
November 30, 2018 and 2017**

NOTE 1 – PLAN DESCRIPTION (Continued)

Vesting

Prior to November 30, 2014, participants were immediately vested in their voluntary contributions plus actual earnings and the Company's profit sharing contributions. For new participants after November 30, 2014, the Plan provides that participants have no vested interest in the Company's profit sharing contributions until they have completed two years of service, at which time they become 20% vested. Vesting increases by 20% each year up to 100% after six years of plan participation and service. An employee is considered to have completed one (1) year of service for purposes of vesting upon the completion of 1,000 hours of service at any time during a plan year. Participants are fully vested immediately with respect to employee contributions, rollovers, safe harbor contributions and earnings thereon.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's interest in his or her account, or annual installments over a period of not more than the assumed life expectancy of the participant or their beneficiary (in the event of death). For termination of service for other reasons, a participant may receive the value of the interest in his or her account as a lump-sum distribution.

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES

The following is a summary of certain accounting policies followed in the preparation of these financial statements.

Basis of Accounting

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

Use of Estimates

Management may make estimates and assumptions that affect the reported amounts of assets and liabilities, if any, and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of additions to and deductions from plan assets during the reporting period. Actual results could differ from those estimates.

**ASSOCIATED RETINAL CONSULTANTS, P.C. EMPLOYEES'
401(K) PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
November 30, 2018 and 2017**

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investment committee determines the Plan's valuation policies utilizing information provided by the investment advisers. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

All administrative expenses related to the Plan are paid by the Plan and the plan sponsor. Personnel and facilities of the Company have been used by the Plan for its accounting and other activities at no charge to the Plan.

Subsequent Events

Management has performed a review of events subsequent to November 30, 2018 through June 19, 2019, the date the financial statements were available to be issued.

NOTE 3 – INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedule, including investments at November 30, 2018 and 2017, and net appreciation in fair value of investments, interest and dividends for the year ended November 30, 2018, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Wells Fargo Bank, N.A., the trustee of the Plan.

ASSOCIATED RETINAL CONSULTANTS, P.C. EMPLOYEES'
401(K) PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
November 30, 2018 and 2017

NOTE 4 – FAIR VALUE MEASUREMENTS

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

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

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specific (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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

**ASSOCIATED RETINAL CONSULTANTS, P.C. EMPLOYEES'
401(K) PROFIT SHARING PLAN AND TRUST**
NOTES TO FINANCIAL STATEMENTS
November 30, 2018 and 2017

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at November 30, 2018 and 2017.

Interest-bearing cash: Valued at the daily closing price as reported by the fund, bill, or sweep.

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

Collective trusts: Valued at the NAV of units of each bank's collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Common stock: Valued at the quoted closing price reported in the active market in which the individual equities are traded.

Corporate bonds, US government securities and mortgage asset backed securities: Valued at the quoted closing price reported in the active market in which the bonds and notes are traded.

**ASSOCIATED RETINAL CONSULTANTS, P.C. EMPLOYEES'
401(K) PROFIT SHARING PLAN AND TRUST**

NOTES TO FINANCIAL STATEMENTS

November 30, 2018 and 2017

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value at November 30, 2018 and 2017:

	Assets at fair value as of November 30, 2018			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 15,788,731	\$ -	\$ -	\$ 15,788,731
Common stocks	5,974,519	-	-	5,974,519
Corporate bonds	-	2,356,675	-	2,356,675
U.S. government securities	-	775,903	-	775,903
Mortgage/asset backed securities	-	2,282,290	-	2,282,290
Cash - interest-bearing	686,733	-	-	686,733
Total assets in the fair value hierarchy	22,449,983	5,414,868	-	27,864,851
Investments measured at net asset value ^(a)	-	-	-	3,929,256
Total assets at fair value	<u>\$ 22,449,983</u>	<u>\$ 5,414,868</u>	<u>\$ -</u>	<u>\$ 31,794,107</u>
	Assets at fair value as of November 30, 2017			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 15,825,124	\$ -	\$ -	\$ 15,825,124
Common stocks	5,899,269	-	-	5,899,269
Corporate bonds	-	1,891,750	-	1,891,750
U.S. government securities	-	1,400,938	-	1,400,938
Mortgage/asset backed securities	-	1,547,366	-	1,547,366
Cash - interest-bearing	742,688	-	-	742,688
Total assets in the fair value hierarchy	22,467,081	4,840,054	-	27,307,135
Investments measured at net asset value ^(a)	-	-	-	4,007,632
Total assets at fair value	<u>\$ 22,467,081</u>	<u>\$ 4,840,054</u>	<u>\$ -</u>	<u>\$ 31,314,767</u>

ASSOCIATED RETINAL CONSULTANTS, P.C. EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

November 30, 2018 and 2017

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

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

For the year ended November 30, 2018, there were no significant transfers between Level 1 and 2 and no transfers in or out of Level 3.

Investments Measured Using the Net Asset Value Per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset per share practical expedient as of November 30, 2018 and 2017, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

<u>November 30, 2018</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Stable value collective trusts	\$ 3,929,256	N/A	Daily	None
<u>November 30, 2017</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Stable value collective trusts	\$ 4,007,632	N/A	Daily	None

NOTE 5 – PARTY-IN-INTEREST TRANSACTIONS

In addition to the trust account investments in the Wells Fargo & Company Custodial Account (Note 3), Wells Fargo is paid a fee for administering the custodial account. Wells Fargo is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to Wells Fargo and allocated to each participant's account amounted to \$33,576 for the year ended November 30, 2018. Indirect fees paid by the Plan for investment management services are included in the net appreciation in fair value of the investments.

**ASSOCIATED RETINAL CONSULTANTS, P.C. EMPLOYEES'
401(K) PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
November 30, 2018 and 2017**

NOTE 5 – PARTY-IN-INTEREST TRANSACTIONS (Continued)

The Company pays fees to Ancora Advisors, LLC, Wells Fargo, and Loomis Sayles & Company, LP for managing the Plan's assets. These transactions qualify as party-in-interest transactions. Fees paid by the Company to Ancora Advisors, LLC, Wells Fargo, and Loomis Sayles & Company, LP amounted to \$111,469 and \$50,088 for the years ended November 30, 2018 and 2017, respectively. All assets that were previously managed by Loomis Sayles & Company, LP were transferred to Ancora Advisors, LLC during the year ended November 30, 2018.

NOTE 6 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to amend, modify, terminate or partially terminate the Plan at any time subject to the provisions of ERISA. In the event of plan termination, the net assets would be distributed to the participants according to the participants' account balances.

NOTE 7 – TAX STATUS

The Plan uses a prototype plan sponsored by Sungard Business Systems LLC. The Internal Revenue Service has determined and informed the plan sponsor by a letter dated March 31, 2014, that the prototype plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan itself is not required to and has not received a determination letter from the IRS. Although the Plan has been amended since receiving this letter, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of November 30, 2018 and 2017, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements.

**ASSOCIATED RETINAL CONSULTANTS, P.C. EMPLOYEES'
401(K) PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
November 30, 2018 and 2017**

NOTE 8 – RISKS AND UNCERTAINTIES

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

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2017</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2017 or fiscal plan year beginning <u>12/01/2017</u> and ending <u>11/30/2018</u>	
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.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ☐	
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____

Part II Basic Plan Information—enter all requested information		
1a Name of plan Associated Retinal Consultants, P.C. Employees' 401(k) PS Plan and Trust	1b Three-digit plan number (PN) ▶	002
1c Effective date of plan 02/17/1971		
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) Associated Retinal Consultants, P.C. 39650 Orchard Hill Place Suite 200 Novi MI 48375	2b Employer Identification Number (EIN) 38-1946761	2c Plan Sponsor's telephone number 248-319-0161
2d Business code (see instructions) 621111		

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

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

SIGN HERE		15 JUL 2015 Date	Antonio Capone, Jr. MD Enter name of individual signing as plan administrator
SIGN HERE		15 JUL 2015 Date	Antonio Capone, Jr. MD Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ 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	5 190
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) 132
a(2) Total number of active participants at the end of the plan year	6a(2) 125
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits	6c 59
d Subtotal. Add lines 6a(2), 6b, and 6c.....	6d 184
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e.....	6f 184
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 184
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 13
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 2G 2J 2K 2T	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information - Small Plan)
- (3) ☐ **A** (Insurance Information)
- (4) ☒ **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 _____

**ASSOCIATED RETINAL CONSULTANTS, P.C. EMPLOYEES' 401(K)
PROFIT SHARING PLAN AND TRUST**

EIN #38-1946761, Plan Number: 002

Schedule H - Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

November 30, 2018

(a) Party in interest	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Pooled funds			
*	Wells Fargo Stable Return Fund N60	20137.58	\$ 933,885	\$ 1,012,419
*	Wells Fargo Stable Return Fund F	73095.339	776,053	797,295
*	WF/Blackrock S&P 500 Index CIT F	27806.54	546,769	627,329
*	WF/MFS Value CIT F	65400.874	1,391,392	1,492,213
	Cash equivalents			
*	Wells Fargo/Blackrock Short Term Inv Fund N	231384.31	231,384	231,384
*	Wells Fargo/Blackrock Short Term Inv Fund N	308031.29	308,031	308,031
*	Wells Fargo/Blackrock Short Term Inv Fund N	52936.28	52,936	52,936
	Bank Deposit Sweep	6371.77	6,372	6,372
	Bank Deposit Sweep	6938.58	7,939	7,939
	Bank Deposit Sweep	357.93	358	358
	Bank Deposit Sweep	79712.69	79,713	79,713
	Bonds and notes- US Treasury			
	US Treasury Bond	2.500% 02/15/2045	4,649	4,285
	US Treasury Bond	2.750% 08/15/2047	14,626	13,427
	US Treasury Bond	2.750% 11/15/2047	30,060	26,832
	US Treasury Bond	2.875% 08/15/2045	4,948	4,610
	US Treasury Bond	2.875% 11/15/2046	19,327	18,398
	US Treasury Bond	3.000% 05/15/2045	34,716	33,097
	US Treasury Bond	3.125% 11/15/2041	115,224	92,592
	US Treasury Bond	3.625% 08/15/2043	14,714	15,803
	US Treasury Bond	6.000% 02/15/2026	34,627	35,965
	US Treasury Note	1.625% 08/31/2022	83,691	81,304
	US Treasury Note	2.000% 10/31/2022	119,754	116,222
	US Treasury Note	2.000% 11/30/2022	9,933	9,680
	US Treasury Note	2.125% 02/29/2024	99,888	96,344
	US Treasury Note	2.125% 11/30/2023	14,846	14,480
	US Treasury Note	2.250% 08/15/2027	19,858	18,863
	US Treasury Note	2.375% 05/15/2027	5,057	4,775
	Federal Agency			
	Fed Farm Credit Bk	2.280% 12/16/2024	190,036	189,224
	Bonds and notes- Corporate Bonds			
	Abbott Laboratories	2.900% 11/30/2021	14,973	14,651
	Air Lease Corp	3.625% 12/01/2027	19,789	17,944
	American Electric Power	3.200% 11/13/2027	9,983	9,246
	American Express Co	2.200% 10/30/2020	29,961	29,275
	American Express Co	3.400% 02/27/2023	149,936	146,772
	American Financial Group	3.500% 08/15/2026	14,955	13,872
	American Honda Finance	2.600% 11/16/2022	15,000	14,488
	American Tower Corp	3.600% 01/15/2028	14,921	13,777
	Amgen Inc	3.200% 11/02/2027	19,920	18,465
	Amgen Inc	3.625% 05/15/2022	100,826	99,582
	Anthem Inc	4.375% 12/01/2047	10,000	8,963
	Apple Inc	2.250% 02/23/2021	25,121	24,505
	Apple Inc	3.750% 09/12/2047	4,971	4,508
	Autonation Inc	3.500% 11/15/2024	19,975	18,567
	Avalonbay Communities	3.200% 01/15/2028	4,980	4,677
	Avangrid Inc	3.150% 12/01/2024	14,964	14,219
	Bank of Montreal	1.500% 07/18/2019	9,990	9,906
	Bank of Montreal	2.350% 09/11/2022	9,986	9,564
	Bank of NY Mellon Corp	2.150% 02/24/2020	9,984	9,868
	Bank of NY Mellon Corp	2/7/2028	10,000	9,562
	Berkshire Hathaway Fin	1.300% 08/15/2019	9,990	9,890
	Boeing Co	2.500% 03/01/2025	9,759	9,358
	BP Capital Markets PLC	3.279% 09/19/2027	20,000	18,654
	Brixmor Operating Part	3.650% 06/15/2024	9,958	9,588
	Buckeye Partners LP	4.125% 12/01/2027	14,925	13,391
	Canadian Imperial Bank	1.600% 09/06/2019	14,997	14,827
	Canadian Imperial Bank	2.550% 06/16/2022	9,991	9,626
	Capital One Financial Co	3.300% 10/30/2024	29,913	28,011
	Caterpillar Financial SE	2.000% 03/05/2020	24,946	24,642
	Caterpillar Finl Service	2.550% 11/29/2022	19,983	19,186

See independent auditor's report.

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**ASSOCIATED RETINAL CONSULTANTS, P.C. EMPLOYEES' 401(K)
PROFIT SHARING PLAN AND TRUST**
EIN #38-1946761, Plan Number: 002
Schedule H - Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)
November 30, 2018

(a) Party in interest	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Chevron Corp	1.991% 03/03/2020	15,000	14,811
	Chevron Corp	2.954% 05/16/2026	10,000	9,406
	Church & Dwight Co Inc	2.450% 08/01/2022	4,994	4,768
	Cisco Systems Inc	2.500% 09/20/2026	34,969	31,829
	Citigroup Inc	2.750% 04/25/2022	14,990	14,429
	Citigroup Inc	2.900% 12/08/2021	9,983	9,722
	Citrix Systems Inc	4.500% 12/01/2027	19,956	18,774
	Consolidated Edison Co	2.000% 03/15/2020	24,992	24,512
	Corning Inc	4.375% 11/15/2057	14,994	12,104
	Deutsche Bank NY	2.700% 07/13/2020	29,959	29,171
	Discovery Communications	2.200% 09/20/2019	9,996	9,911
	Discovery Communications	3.950% 03/20/2028	4,982	4,648
	Discovery Communications	5.200% 09/20/2047	4,994	4,610
	Duke Energy Corp	3.150% 08/15/2027	9,972	9,177
	E.I. Du Pont De Nemours	2.200% 05/01/2020	9,989	9,909
	E*Trade Financial Corp	2.950% 08/24/2022	4,995	4,820
	Edison International	2.125% 04/15/2020	24,985	24,256
	Enbridge Inc	3.500% 06/10/2024	5,071	4,798
	Energy Transfer Partners	6.625% 10/15/2036	4,839	5,108
	Energy Transfer Partners	7.500% 07/01/2038	15,443	16,370
	Entergy Mississippi	6.640% 07/01/2019	9,994	10,184
	Entergy Texas Inc	3.450% 12/01/2027	9,974	9,469
	EQT Corp	3.900% 10/01/2027	14,988	13,148
	Exelon Generation Co LLC	4.250% 06/15/2022	5,249	5,039
	Express Scripts Holding	3.000% 07/15/2023	4,943	4,760
	Fibria Overseas Finance	4.000% 01/14/2025	9,847	9,411
	Fortune Branks Home	3.000% 06/15/2020	9,997	9,854
	General Dynamics Corp	1.875% 08/15/2023	93,139	93,161
	General Dynamics Corp	2.125% 08/15/2026	19,791	17,855
	General Motors Financial	3.500% 11/07/2024	14,978	13,721
	Goldman Sachs Group Inc	10/31/2022	30,000	28,940
	Hewlett-Packard Co	4.300% 06/01/2021	15,206	15,256
	Jabil Circuit Inc	5.625% 12/15/2020	5,375	5,138
	Jersey Central PWR & LT	7.350% 02/01/2019	9,987	10,071
	JM Smucker Co	3.375% 12/15/2027	9,997	9,195
	John Deere Capital Corp	1.250% 10/09/2019	14,970	14,764
	John Deere Capital Corp	2.800% 09/08/2027	14,942	13,826
	Johnson & Johnson	2.900% 01/15/2028	14,982	14,121
	Johnson & Johnson	3.400% 01/15/2038	14,955	13,645
	JP Morgan Chase & Co	11/15/2048	20,000	17,298
	JP Morgan Chase & Co	3/1/2025	10,000	9,542
	Kellogg Co	3.400% 11/15/2027	19,946	18,213
	KFW	1.500% 02/06/2019	24,937	24,955
	Kinder Morgan Ener Part	6.850% 02/15/2020	5,969	5,181
	Kraft Heinz Foods Co	2/10/2021	30,000	29,903
	Laboratory Corp of Amer	3.250% 09/01/2024	14,966	14,298
	Life Technologies Corp	6.000% 03/01/2020	16,911	15,423
	Methanex Corp	3.250% 12/15/2019	4,955	4,960
	Methanex Corp	5.650% 12/01/2044	9,935	8,865
	Morgan Stanley	7/22/2038	10,000	8,924
	Morgan Stanley	2/14/2020	15,000	15,002
	National Rural Util Corp	4/30/2043	15,000	14,625
	Nisource Finance Corp	3.950% 03/30/2048	4,995	4,316
	Nokia OYJ	3.375% 06/12/2022	4,975	4,744
	Northern Trust Corp	5/8/2032	10,000	9,277
	Omega Hlthcare Investors	4.750% 01/15/2028	9,898	9,738
	Oracle Corp	2.625% 02/15/2023	147,561	144,786
	Oracle Corp	2.950% 11/15/2024	14,976	14,329
	Oracle Corp	3.400% 07/08/2024	15,255	14,734
	Oracle Corp	3.900% 05/15/2035	5,124	4,662
	Orix Corp	2.900% 07/18/2022	14,978	14,528

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**ASSOCIATED RETINAL CONSULTANTS, P.C. EMPLOYEES' 401(K)
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Schedule H - Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)
November 30, 2018

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	Petroleos Mexicanos	6.375% 02/04/2021	16,377	15,135
	Philip Morris International Inc	3.125% 03/02/2028	29,789	28,115
	Pitney Bowes Inc	4.700% 04/01/2023	14,963	13,856
	Plains All Amer Pipeline	3.850% 10/15/2023	4,960	4,795
	Qualcomm Inc	2.900% 05/20/2024	19,942	18,863
	Quest Diagnostic Inc	4.750% 01/30/2020	15,511	15,248
	Realty Income Corp	3.650% 01/15/2028	14,967	14,224
	Republic Services Inc	3.375% 11/15/2027	4,992	4,704
	Royal Bank of Canada	2.125% 03/02/2020	19,986	19,745
	Santander Holdings USA	2.700% 05/24/2019	8,998	8,966
	Select Income REIT	4.250% 05/15/2024	9,868	9,461
	Shire Acq Inv Ireland	1.900% 09/23/2019	34,972	34,461
	Simon Property Group	3.375% 12/01/2027	9,921	9,407
	Southern Co	2.150% 09/01/2019	4,988	4,955
	Southern Co	2.750% 06/15/2020	14,974	14,824
	Southern Co	3.250% 07/01/2026	9,964	9,246
	Southwest Airlines Co	3.450% 11/16/2027	14,960	14,047
	State Street Corp	5/15/2023	15,000	14,450
	Sumitomo Mitsui Finl Grp	2.784% 07/12/2022	10,000	9,681
	Suncor Energy Inc	4.000% 11/15/2047	9,950	8,500
	Synchrony Financial	3.950% 12/01/2027	19,943	16,882
	Union Pacific Corp	3.250% 01/15/2025	9,967	9,605
	Union Pacific Corp	4.100% 09/15/2067	14,978	12,161
	United Parcel Service	2.350% 05/16/2022	9,986	9,669
	United Parcel Service	3.050% 11/15/2027	14,935	14,120
	United Parcel Service	3.750% 11/15/2047	14,962	13,226
	United Technologies Corp	4.500% 06/01/2042	5,452	4,676
	Unitedhealth Group Inc	2.375% 10/15/2022	144,197	143,774
	Unitedhealth Group Inc	3.750% 10/15/2047	14,861	13,364
	Viacom Inc	6.875% 04/30/2036	10,874	10,854
	Vmware Inc	2.950% 08/21/2022	19,958	18,935
	Voya Financial Inc	3.125% 07/15/2024	9,970	9,410
	Wal-Mart Stores Inc	2.350% 12/15/2022	9,999	9,600
	Walt Disney Co	1.950% 03/04/2020	9,997	9,861
*	Wells Fargo & Co	2.625% 07/22/2022	19,982	19,175
	Western Union Co	3.600% 03/15/2022	15,171	14,840
	Westlake Chemical Corp	4.375% 11/15/2047	14,847	12,580
	Westpac Banking Corp	2.750% 01/11/2023	14,985	14,421
	Williams Partners LP	3.600% 03/15/2022	4,451	4,908
	Xerox Corporation	2.800% 05/15/2020	4,744	4,879
	Xerox Corporation	3.625% 03/15/2023	9,992	9,043
	21st Centy Fox Amer Inc	7.430% 10/01/2026	13,941	18,276
	Bonds and notes- Mortgage/Asset-Based Securities			
	Ally Master Owner Trust	1.830% 01/15/2021	34,995	34,953
	Americredit Automobile Rec Ser 2016-4	1.830% 12/08/2021	14,998	14,776
	Americredit Automobile Rec Ser 2017-3	2.240% 06/19/2023	4,999	4,923
	Americredit Automobile Rec Ser 2017-2	2.500% 05/18/2022	4,999	4,923
	Americredit Automobile Rec Ser 2015-3	2.730% 03/08/2021	20,000	19,971
	Americredit Automobile Rec Ser 2016-2	2.870% 11/08/2021	5,000	4,981
	Bank of America Credit Card Ser 2017-A1	1.950% 08/15/2022	19,994	19,705
	Bank of America Credit Card Ser 2014-A1	6/15/2021	20,000	20,004
	California Republic Auto Rec Ser 2016-2	1.560% 07/15/2020	276	276
	California Republic Auto Rec Ser 2017-1	2.360% 06/15/2022	14,996	14,837
	Capital One Multi-asset Exect Ser 2016-A5	1.660% 06/17/2024	34,990	33,607
	Carmax Auto Owner Trust Ser 2017-2	1.930% 03/15/2022	24,997	24,683
	Carmax Auto Owner Trust Ser 2017-4	2.110% 10/17/2022	5,000	4,930
	Comm Mortgage Trust Ser 2014-CR15	2.928% 02/10/2047	10,209	9,897
	Comm Mortgage Trust Ser 2014-CR14	3.147% 02/10/2047	4,212	4,087
	Comm Mortgage Trust Ser 2014-UBS6	3.644% 12/10/2047	15,658	14,911
	Comm Mortgage Trust Ser 2014-CR16	3.653% 04/10/2047	15,449	15,082

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November 30, 2018

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	Fed Home Ln Mtg Corp Ser K-709	2.086% 03/25/2019	16,484	16,194
	Fed Home Ln Mtg Corp Ser KS01	2.522% 01/25/2023	4,645	4,883
	Fed Home Ln Mtg Corp Ser KO42	2.670% 12/25/2024	97,849	91,576
	Fed Home Ln Mtg Corp	2.811% 01/25/2025	36,049	33,905
	Fed Home Ln Mtg Corp Ser KO29	3.320% 02/25/2023	29,610	30,073
	Fed Home Ln Mtg Corp Ser 4768	4.000% 01/15/2031	242,940	244,858
	Fed Home Ln Mtg Corp Ser 4830	4.000% 04/15/2044	248,183	250,008
	Fed Home Ln Mtg Corp Ser KO12	4.186% 12/25/2020	74,532	76,347
	Fed Home Ln Mtg Corp Ser 2912	5.500% 01/15/2035	15,824	17,467
	Fed Home Ln Mtg Corp Pool #972164	1/1/2035	4,245	4,469
	Fed Home Ln Mtg Corp Pool #C00410	8.000% 07/01/2025	280	266
	Fed Natl Mtg Assn Pool #AS7023	4.000% 04/01/2046	17,918	17,173
	Fed Natl Mtg Assn Pool #190308	7.500% 09/01/2030	256	120
	Fed Natl Mtg Assn Pool #535996	7.500% 05/01/2031	191	127
	Fed Natl Mtg Assn Pool #555800	5.500% 10/10/2033	295	314
	Fed Natl Mtg Assn Pool #709169	5.500% 06/01/2033	442	441
	Fed Natl Mtg Assn Pool #725690	6.000% 08/01/2034	548	581
	Fed Natl Mtg Assn Pool #745406	6.000% 03/01/2021	333	337
	Fed Natl Mtg Assn Pool #745919	9/1/2036	1,180	1,237
	Fed Natl Mtg Assn Pool #922881	6.053% 02/01/2037	895	913
	Fed Natl Mtg Assn Pool #995570	5.500% 01/01/2039	1,096	1,084
	Fed Natl Mtg Assn Ser 2013-31	1.750% 02/25/2043	293,316	292,994
	Fed Natl Mtg Assn Ser 2012-58	4.000% 05/25/2025	194,098	193,713
	FHLMC Multifamily Structured P Ser KP03	1.780% 07/25/2019	3,308	3,252
	FHLMC Multifamily Structured P Ser K722	2.406% 07/25/2049	56,648	53,272
	FHLMC Multifamily Structured P Ser KO13	3.974% 01/25/2021	55,547	55,794
	FHLMC Multifamily Structured P Ser KF17	3/25/2023	6,182	6,184
	FHLMC Multifamily Structured P Ser KAIV	6/25/2021	80,797	81,454
	Govt Natl Mtg Assn II Pool #AA1678	4.689% 03/20/2062	9,296	8,653
	Govt Natl Mtg Assn II Pool #AA1681	4.547% 09/20/2062	12,082	10,673
	Govt Natl Mtg Assn II Pool #AA1696	4.606% 03/20/2063	17,321	15,750
	Govt Natl Mtg Assn II Pool #543467	4.491% 03/20/2063	13,790	12,277
	Govt Natl Mtg Assn II Pool #766526	4.520% 5/20/2062	9,642	8,826
	Govt Natl Mtg Assn II Pool #766529	4.604% 6/20/2062	12,677	11,527
	Govt Natl Mtg Assn II Pool #777434	4.496% 10/20/2062	13,243	11,753
	Govt Natl Mtg Assn II Pool #777440	4.466% 12/20/2062	18,272	16,409
	Govt Natl Mtg Assn II Pool #AU3178	4.639% 10/20/2066	42,078	39,988
	Govt Natl Mtg Assn Pool #323079	8.500% 05/15/2022	266	194
	Govt Natl Mtg Assn Ser 2014-H15	5/20/2064	61,163	61,438
	John Deere Owner Trust Ser 2017-B	1.820% 10/15/2021	5,000	4,936
	JPMBB Commerical Mortgage Secu Ser 2014-C15	3.584% 04/15/2047	10,300	10,028
	Morgan Stanley BAML Trust Ser 2015-C22	3.306% 05/15/2046	10,300	9,753
	Morgan Stanley BAML Trust Ser 2014-C14	3.669% 01/15/2047	15,527	15,058
	NCUA Guaranteed Notes Ser 2010-A1	12/7/2020	1,586	1,588
	NCUA Guaranteed Notes Ser 2010-R1	10/7/2020	5,074	5,080
	NCUA Guaranteed Notes Ser 2010-R3	12/8/2020	44,531	44,692
	Santander Drive Auto Receivable Ser 2016-3	1.890% 06/15/2021	13,723	13,688
	Santander Drive Auto Receivable Ser 2016-2	2.660% 11/15/2021	4,999	4,985
	UBS-Barclays Commericia Mortgage Tr Ser 2013-	3.244% 04/10/2046	15,814	14,827
*	Wells Fargo Commercial Mtg Trust Ser 2017-RC1	3.118% 01/15/2060	25,749	24,681
*	WF-RBS Commercial Mtg Trust Ser 2014-C20	3.638% 05/15/2047	30,899	30,148
*	WF-RBS Commercial Mtg Trust Ser 2014-C19	3.660% 03/15/2047	20,599	20,086
*	WF-RBS Commercial Mtg Trust Ser 2014-C19	4.101% 03/15/2047	10,727	10,209
	World Financial Network Credit Ser 2012-A	3.140% 1/17/2023	34,999	35,020
	World Omni Auto Receivables Tr Ser 2016-B	1.570% 02/15/2022	14,958	14,779
	World Omni Auto Receivables Tr Ser 2017-A	1.930% 09/15/2022	34,993	34,585
Equities				
	Accenture PLC	9/26/1902	161,583	164,520
	Aerovironment Inc	4/9/1900	10,989	7,660
	Alibaba Group Holding Ltd	250	26,263	40,215

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	Apple Inc	675	83,521	120,542
	Apple Inc	250	24,098	44,645
	Astrazeneca PLC	271.121	8,972	10,796
	Baidu Inc ADR	100	25,502	18,828
	Bank of America Corp	8067	156,971	229,103
	Blackrock Inc	590	331,536	252,526
	Bristol Myers Squibb Co	1248	73,814	66,718
	Broadcom Inc	861	197,175	204,410
	Cargurus Inc	100	5,266	3,891
	Chevron Corp	926	102,729	110,138
	Cisco Systems Inc	4697	153,379	224,845
	Citigroup, Inc	1796	87,775	116,363
	Citizens Financial Group Inc	3500	127,202	127,260
	Comcast Corp Class A	2825	51,244	110,203
	Discover Financial Services	1977	111,259	140,960
	DowDupont Inc	2267	121,556	131,146
	Eaton Corp PLC	1550	110,181	119,257
	Enterprise Products Prtns LP	7000	178,499	183,750
	Editas Medicine Inc	600	11,624	18,696
	Facebook Inc	250	6,651	35,153
	Facebook Inc	130	6,563	18,279
	General Motors Co	281.207	8,900	10,672
	Harris Corp	1213	139,370	173,398
	Home Depot Inc	1000	179,485	180,320
	Honeywell International Inc.	1076	115,259	157,903
	Intel Corp	1000	51,439	49,310
	JPMorgan Chase & CO	150	13,847	16,679
	JPMorgan Chase & CO	2416	157,417	268,635
	Lyondellbasell Industries NV	1000	107,638	93,310
	Magellan Midstream Partners LP	3000	184,019	181,440
	Marathon Petroleum Corp	2669	150,283	173,912
	Medtronic PLC	1347	102,683	131,373
	Microbot Medical	4	-	7
	Microsoft Corp	1988	118,660	220,449
	National Storage Affiliates	448.596	9,038	12,547
	Netflix	135	14,082	38,628
	Nestle SA Registered shares - ADR	1500	118,655	127,830
	Nike Inc CL B	1000	66,082	75,120
	Norfolk Southern Corp	582	46,169	99,371
	Northrop Grumman Corp	262	20,933	68,089
	NVIDIA Corp	150	8,840	24,515
	Palo Alto Networks Inc	70	15,447	12,107
	Pepsico Inc	699	52,120	85,236
	Pfizer Inc	2982	77,434	137,858
	PNC Financial Services Group	793	60,017	107,674
	Qurate Retail Inc	2463	47,921	54,728
	Raytheon Company	800	166,976	140,272
	Resideo Technologies	179	3,458	3,693
	Regenxbio Inc	200	14,553	11,982
	Square Inc	500	22,887	34,920
	Texas Instruments Inc	1000	110,017	99,850
	Unitedhealth Group Inc	814	115,631	229,027
	Ulta Beauty	15	1,786	4,467
	Verizon Communications	1785	87,355	107,636
	Vulcan Materials Co	76.534	7,883	8,090
	Walt Disney Co	410	42,766	47,351
	Weyerhaeuser Co	3060	92,179	80,815
	Mutual Funds			
	American Balanced Fund R6	61307.975	1,627,438	1,674,934
	American Europacific Growth R6	18858.073	1,007,589	921,783

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	Dodge & Cox Stock Fund #145	2753.313	468,285	571,010
	JPMorgan US Equity - R6	40607.346	656,186	687,076
	Metropolitan West T/R BD-PLN #712	105893.627	1,058,079	1,019,756
	MFS Growth Fund - R6	2249.336	213,480	238,272
*	Natixis Loomis Sayles C/P Bond N1	14465.993	187,558	179,957
	T Rowe Price Blue Chip - I	14166.063	1,283,106	1,521,860
	Vanguard Small Cap Index Fund - ADM #548	2881.96	179,885	206,147
	Voya Small Company FD CI-I	3695.435	65,261	60,383
*	Loomis Sayles Senior Floating Rate & Fixed Incom	64754.465	645,657	623,586
*	Ancora/Thelen Smal Mid-Cap Fund	183710.961	3,000,000	2,843,846
	Oakmark Global Select Fund Class I #2710	148897.377	2,582,193	2,471,696
	Closed End Funds Equity			
	Amex Technology Select SPDR	500	14,074	33,970
	Goldman Sachs Activebeta Emerging markets	14376	512,237	448,819
	SPDR S&P Aerospace & Def ETF	350	22,716	30,657
	Vanguard Dividend Appreciation	250	14,868	26,988
	Vanguard FTSE Emerging Markets ETF	3439.147	144,111	136,500
	Vanguard Total Intl Stock ET	1045.145	56,088	52,477
			<u>\$30,420,668</u>	<u>\$31,794,107</u>

* Party-in-interest