Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
CHILDRENS PRIMARY CARE MEDICAL GROUP, INC. RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1995

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)
CHILDRENS PRIMARY CARE MEDICAL GROUP, INC.

3880 MURPHY CANYON RD., STE. 200
SAN DIEGO, CA 92123

2b Employer Identification Number (EIN) 33-0662258

2c Plan Sponsor's telephone number 858-502-1103

2d Business code (see instructions) 621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2019	MARVIN ZAGULI, M.D
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		
5	Total number of participants at the beginning of the plan year	**5**	150
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)**	121
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	124
b	Retired or separated participants receiving benefits	**6b**	4
c	Other retired or separated participants entitled to future benefits	**6c**	20
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	148
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	148
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	148
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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:

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
CHILDRENS PRIMARY CARE MEDICAL GROUP, INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CHILDRENS PRIMARY CARE MEDICAL GROUP, INC.

D Employer Identification Number (EIN)
33-0662258

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

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY (USA)(JOHN HANCOCK USA)

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	50255	149	01/01/2018	12/31/2018

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
28222	20742

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
SAGEPOINT FINANCIAL
2800 N. CENTRAL AVE. SUITE 2100
PHOENIX, AZ 85004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
28222	0	BROKER COMMISSION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
SAN DIEGO PENSION CONSULTANTS
5628 COPLEY DR
SAN DIEGO, CA 92111

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	14342	TPA FEES	5

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

ALDRICH CPAS AND ADVISORS
7676 HAZARD CENTER DRIVE, #1300
SAN DIEGO, CA 92108

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
0	6400	AUDITOR FEE	0

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	43334017

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2018** **This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
CHILDRENS PRIMARY CARE MEDICAL GROUP, INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CHILDRENS PRIMARY CARE MEDICAL GROUP, INC.

D Employer Identification Number (EIN)
33-0662258

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

SAGEPOINT FINANCIAL

2800 N. CENTRAL AVE. SUITE 2100
PHEONIX, AZ 85002

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27	BROKER	28222	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SAN DIEGO PENSION CONSULTANTS, INC

5628 COPLEY DRIVE
SAN DIEGO, CA 92111

(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?
16 17	TPA	14762	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALDRICH CPAS AND ADVISORS

7676 HAZARD CENTER DRIVE, #1300
SAN DIEGO, CA 92108

(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?
10	AUDITOR	6400	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

JOHN HANCOCK LIFE INSURANCE COMPANY

01-0233346

(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	RECORDKEEPING	118	Yes [ ] No [X]	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

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

(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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
CHILDRENS PRIMARY CARE MEDICAL GROUP, INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CHILDRENS PRIMARY CARE MEDICAL GROUP, INC.

D Employer Identification Number (EIN)
33-0662258

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)

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2055

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	53283

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2050

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	859004

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2045

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	1227346

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2040

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	3162339

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2035

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	1204244

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2030

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	4875107

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2025

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	4115144

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2020

b Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1240835

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2015

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2116205

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET INCOME

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1120950

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA US TARGETED VALUE FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20919

a Name of MTIA, CCT, PSA, or 103-12 IE: EUROPACIFIC GROWTH FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1344108

a Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 225612

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 215675

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP STOCK FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 211859

a Name of MTIA, CCT, PSA, or 103-12 IE: MID VALUE FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 545442

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER DEVELOPING MKT

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 431770

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 113741

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SCI & TECH

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2581425

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP VALUE ETF

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1353917

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP GROWTH INDEX

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 597350

a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3289150

a Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1156934

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL APPRECIATION FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 883465

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2327918

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK DISCIPLINED VALUE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1006338

a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1953821

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN BALANCED FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 339629

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR TOTAL BOND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1257582

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SPECTRUM INC

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 177950

a Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2892421

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD ST INVESTMENT-GRADE

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 121703

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)

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
CHILDRENS PRIMARY CARE MEDICAL GROUP, INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CHILDRENS PRIMARY CARE MEDICAL GROUP, INC.

D Employer Identification Number (EIN)
33-0662258

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	262	262
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	79718	88357
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	42184	29139
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	3708	110796
(B) Common	1c(4)(B)	456000	1044756
(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)	181082	141733
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	48041403	43334017
(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)	10035530	8677534
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	58839887	53426594
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	58839887	53426594

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)	1624956	
	(B) Participants	2a(1)(B)	1678353	
	(C) Others (including rollovers)	2a(1)(C)	117429	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3420738
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	6956	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6956
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	221826	
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		221826
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-2268922
(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)		-885623
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		494975
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5791318	
(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)		5791318
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)	-82	
(2) Contract administrator fees	2i(2)	91278	
(3) Investment advisory and management fees	2i(3)	22994	
(4) Other	2i(4)	2760	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		116950
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5908268
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-5413293
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: ALDRICH CPAS & ADVISORS LLP **(2)** EIN: 93-0623286

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
CHILDRENS PRIMARY CARE MEDICAL GROUP, INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CHILDRENS PRIMARY CARE MEDICAL GROUP, INC.

D Employer Identification Number (EIN)
33-0662258

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): 01-0233346

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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):

Children's Primary Care Medical Group, Inc. Retirement Savings Plan

Financial Statements with Supplemental Schedule

December 31, 2018 and 2017



CHILDREN'S PRIMARY CARE MEDICAL GROUP, INC. RETIREMENT SAVINGS PLAN
Financial Statements with Supplemental Schedule
December 31, 2018 and 2017

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Aldrich CPAs + Advisors LLP
7676 Hazard Center Drive, #1300
San Diego, California 92108

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Children's Primary Care Medical Group, Inc. Retirement Savings Plan
San Diego, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Children's Primary Care Medical Group, Inc. Retirement Savings Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statement of changes in net assets available for benefits for the year ended December 31, 2018, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 John Hancock Life Insurance Company (U.S.A.), the Custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Custodian as of December 31, 2018 and 2017, and for the year ended December 31, 2018, that the information provided to the Plan Administrator by the Custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter – Supplemental Schedule

The supplemental schedule, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2018, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and 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.

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

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

Aldrich CPAs + Advisors LLP

San Diego, California
October 14, 2019

CHILDREN'S PRIMARY CARE MEDICAL GROUP, INC. RETIREMENT SAVINGS PLAN

Statements of Net Assets Available for Benefits

December 31, 2018 and 2017

	2018	2017
ASSETS		
Noninterest-bearing cash	$ 262	$ 262
Investments, at fair value	53,284,599	58,658,543
Notes receivable from participants	141,733	181,082
Net Assets Available for Benefits	$ 53,426,594	$ 58,839,887

See accompanying notes to financial statements.

CHILDREN'S PRIMARY CARE MEDICAL GROUP, INC. RETIREMENT SAVINGS PLAN
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2018

Additions to Net Assets Attributed to:		
Investment return:		
Net depreciation in fair value of investments	$	(3,266,844)
Interest and dividends		334,125
Total Investment Return		(2,932,719)
Interest on notes receivable from participants		6,956
Contributions:		
Participants		1,678,353
Employer		1,624,956
Rollover		117,429
Total Contributions		3,420,738
Total Additions		494,975
Deductions from Net Assets Attributed to:		
Benefits paid to participants		5,791,318
Administrative expenses		116,950
Total Deductions		5,908,268
Change in Net Assets		(5,413,293)
Net Assets Available for Benefits at Beginning of Year		58,839,887
Net Assets Available for Benefits at End of Year	$	53,426,594

See accompanying notes to financial statements.

Note 1 – Description of the Plan

The following description of the Children's Primary Care Medical Group, Inc. Retirement Savings Plan (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 of Children's Primary Care Medical Group, Inc. (Company) excluding those employees covered by a collective bargaining agreement, non-resident aliens who do not receive any compensation from U.S. sources, independent contractors, and physician employees compensated on a per diem basis. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Contributions
Each year participants may contribute up to a specified percent of pretax and after tax annual compensation, subject to limits of the tax law as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company may contribute discretionary matching, the amounts of which are determined each year. Also, upon written notice prior to the beginning of each Plan year, the Company contributes qualified non-elective contributions to all Plan participants at a prorated percentage of compensation or a flat dollar amount. Contributions are subject to certain limitations.

Investment Elections
Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various pooled separate accounts as investment options. In prior years, the Plan offered more individualized investment options and some of those investments remain in the Plan.

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 made in a manner which recognizes each participant's account balance, investment selection and timing of contributions and withdrawals, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting
Participants are immediately vested in their contributions, discretionary matching contributions, and qualified non-elective contributions plus actual earnings thereon.

Notes Receivable from Participants
Participants may borrow from their fund account a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The repayment terms provide for loan payments to be made through payroll deductions and for loans to be amortized over a reasonable period of time not to exceed five years, unless the loan is used for the purchase of a primary residence. Participants may have a maximum of two loans outstanding at any given time. The loans are secured by the balance in the participant's account and bear interest at 2% over prime rate. The interest rates ranged from 4.25% - 4.75% for the year ended December 31, 2018.

Payment of Benefits
On termination of service due to death, disability, termination of employment or retirement, a participant with an account balance over $5,000 may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account, to initiate a direct transfer to another qualified plan or individual retirement account (IRA), or to leave the vested balance in the Plan. The Plan makes automatic lump-sum distributions to terminated and retired participants with account balances of $1,000 or less. For participants with balances between $1,000 and $5,000, the participant may elect to rollover the balance into an IRA or another qualified plan, or receive the vested balance as a lump-sum distribution.

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting
The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investments Valuation and Income Recognition
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. 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 depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2018 and 2017. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document.

Payments of Benefits
Benefits are recorded when paid.

Administrative Expenses
Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net depreciation of fair value of investments. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

Subsequent Events
The Plan has evaluated subsequent events through the October 14, 2019, the date the financial statements were available to be issued.

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

Note 3 – Information Certified by Custodian

The majority of the Plan's investments are held by John Hancock Life Insurance Company (U.S.A.), the Custodian of the Plan. Investment decisions are made at the direction of the participants. The investments are credited for earnings thereon and charged for withdrawals and expenses as charged by the Custodian. The Plan Administrator has obtained a certification from the Custodian as of December 31, 2018 and 2017, and for the year ended December 31, 2018, that the following information provided to the Plan Administrator by the Custodian is complete and accurate:

- Noninterest-bearing cash of $262 at December 31, 2018 and 2017
- Investments, at fair value of $43,334,017 and $48,041,403 at December 31, 2018 and 2017, respectively
- Notes receivable from participants
- Net depreciation in fair value of investments $2,268,922 for the year ended December 31, 2018
- Interest on notes receivable from participants

Note 4 – Fair Value Measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 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: 1) quoted prices for similar assets or liabilities in active markets; 2) quoted prices for identical or similar assets or liabilities in inactive markets; 3) inputs other than quoted prices that are observable for the asset or liability; 4) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
>
> Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2018 and 2017:

Registered Investment Companies (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 and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price.

Pooled Separate Accounts (PSA): PSAs invest in a variety of domestic stock, international stocks, mutual funds, bonds and other securities. The majority of the underlying securities have observable level 1 quoted pricing inputs. While the underlying asset values are generally based on publically quoted prices, the net asset value (NAV) of each PSA is not valued using publically quoted prices. The NAV provided by the Custodian is used as the practical expedient to estimate fair value. PSA's can be redeemed on a daily basis.

Note 4 – Fair Value Measurements, continued

Common and Preferred stocks: Valued at the closing price reported on the active market where the securities are traded.

Bonds: Valued using a market approach on yields currently available on comparable securities of issuers with similar credit ratings.

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

	Investments at Fair Value as of December 31, 2018			
	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 9,413,072	$ -	$ -	$ 9,413,072
Common stock	437,691	-	-	437,691
Interest-bearing cash	-	67,665	-	67,665
Bonds	-	29,139	-	29,139
Preferred stock	3,015	-	-	3,015
Total investments in the fair value hierarchy	9,853,778	96,804	-	9,950,582
Investment measured at NAV				43,334,017
Total investments at fair value:				$ 53,284,599

	Investments at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 10,035,530	$ -	$ -	$ 10,035,530
Common stock	456,000	-	-	456,000
Interest-bearing cash	-	79,718	-	79,718
Bonds	-	42,184	-	42,184
Preferred stock	3,708	-	-	3,708
Total investments in the fair value hierarchy	10,495,238	121,902	-	10,617,140
Investment measured at NAV				48,041,403
Total investments at fair value:				$ 58,658,543

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient.

December 31, 2018	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled separate accounts	$43,334,017	N/A	Daily	None

December 31, 2017	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled separate accounts	$48,041,403	N/A	Daily	None

Note 5 – Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Note 6 – Tax Status

The Internal Revenue Service has determined and informed the Plan's volume submitter sponsor by an opinion letter dated March 31, 2014, that the Volume Submitter Profit Sharing Plan with CODA sponsored by Butterfield, Schechter, and Van Clief, LLP, which has been adopted by the Plan, is acceptable pursuant to section 401 of the Internal Revenue Code (IRC) and in compliance with the applicable requirements of the IRC. The Plan has not requested its own determination letter from the Internal Revenue Service. The Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2018 and 2017 there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 7 – Party-in-Interest Transactions

Certain Plan investments are managed by John Hancock Life Insurance Company (U.S.A.) and other various brokerage firms. Transactions with these entities qualify as party-in-interest transactions. For the year ended December 31, 2018, fees paid by the Plan for investment management and recordkeeping services were $48,964.

Supplemental Schedule

CHILDREN'S PRIMARY CARE MEDICAL GROUP, INC. RETIREMENT SAVINGS PLAN
EIN: 33-0662258 Plan: 002
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2018

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value	(d)** Cost	(e) Current value
Pooled Separate Accounts:				
*	John Hancock***	Vanguard Target Retirement 2030	-	$ 4,891,963
*	John Hancock	Vanguard Target Retirement 2025	-	4,134,110
*	John Hancock	Vanguard 500 Index Fund	-	3,317,872
*	John Hancock	Vanguard Target Retirement 2040	-	3,195,569
*	John Hancock	Money Market Fund	-	2,905,896
*	John Hancock	T. Rowe Price Science and Technology	-	2,591,049
*	John Hancock	Fidelity Contra Fund	-	2,340,760
*	John Hancock	Vanguard Target Retirement 2015	-	2,129,032
*	John Hancock	Total Stock Market Index Fund	-	1,963,645
*	John Hancock	Vanguard Mid Value ETF	-	1,360,728
*	John Hancock	American Funds EuroPacific Growth	-	1,357,419
*	John Hancock	Fidelity Advisor Total Bond	-	1,266,054
*	John Hancock	Vanguard Target Retirement 2020	-	1,248,032
*	John Hancock	Vanguard Target Retirement 2045	-	1,242,293
*	John Hancock	Vanguard Target Retirement 2035	-	1,219,448
*	John Hancock	Blue Chip Growth Fund	-	1,160,503
*	John Hancock	Vanguard Target Retirement Income Fund	-	1,128,556
*	John Hancock	John Hancock Disciplined Value	-	1,015,349
*	John Hancock	Vanguard Target Retirement 2050	-	888,724
*	John Hancock	Capital Appreciation Fund	-	885,742
*	John Hancock	Vanguard Small Cap Growth Index Fund	-	603,252
*	John Hancock	Mid Value Fund	-	548,232
*	John Hancock	Oppenheimer Developing Markets Fund	-	436,698
*	John Hancock	American Balanced Fund	-	344,177
*	John Hancock	Vanguard International Equity Index Fund	-	227,756
*	John Hancock	Vanguard Mid Cap Index Fund	-	217,202
*	John Hancock	Mid Cap Stock Fund	-	215,222
*	John Hancock	T. Rowe Price Spectrum Income Fund	-	179,232
*	John Hancock	Vanguard Short-Term Federal	-	122,767
*	John Hancock	Small Cap Index Fund	-	115,285
*	John Hancock	Vanguard Target Retirement 2055	-	56,908
*	John Hancock	DFA US Targeted Value Fund	-	21,020
*	John Hancock	Vanguard Target Retirement 2060	-	3,522
Registered Investment Companies:				
	Vanguard	Vanguard Small Cap Index	-	1,174,942
	Vanguard	Vanguard Primecap	-	1,059,346
	Vanguard	Vanguard Mid Cap Index	-	1,054,683
	iShares	iShares Core Conservative Allocation ETF	-	543,936
	Vanguard	Vanguard 500 Index	-	490,304
	Vanguard	Vanguard Extended Market	-	461,981

CHILDREN'S PRIMARY CARE MEDICAL GROUP, INC. RETIREMENT SAVINGS PLAN
EIN: 33-0662258 Plan: 002
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2018

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value	(d)** Cost	(e) Current value
Registered Investment Companies, continued:				
	Vanguard	Vanguard Total International Stock Index Fund	-	$ 412,117
	Vanguard	Vanguard Value Index Fund	-	328,808
	Vanguard	Vanguard Value ETF	-	280,137
	Flexshares Trust	Flexshares Trust Quality Dividend Index	-	234,561
	BNY Mellon	Dreyfus Standish Global	-	196,911
	Vanguard	Vanguard Intermediate-Term Investment Grade Fund	-	142,379
	AIG	AIG Focused Dividend Strategy Fund Class A	-	133,405
	Dimensional Fund Advisors	DFA US Core Equity 1 Port	-	124,509
	Vanguard	Vanguard NMA Fund	-	118,476
	American Funds	American Funds Growth Fund of America	-	117,025
	American Century Investments	American Century Global	-	104,831
	Vanguard	Vanguard Extended Market Index	-	96,159
	Columbia	Multi Manager Total Return Bond Strategies Fund	-	83,240
	Vanguard	Vanguard High-Yield Corporate Fund	-	79,866
	First Trust	First Trust Exchange Traded FD Dow Jones	-	73,846
	Principal Funds	Principal Mid Cap Fund	-	66,818
	Vanguard	Vanguard Dividend Growth Investor	-	62,662
	American Century Investments	American Century Short Duration	-	60,477
	American Century Investments	American Century Equity	-	57,830
	Vanguard	Vanguard S&P 500 Fund	-	53,667
	Vanguard	Vanguard Short Term Investment Grade Fund	-	49,943
	Oppenheimer Funds	Oppenheimer Senior Floating Rate	-	48,295
	Principal Funds	Principal Global Real Estate Securities	-	48,197
	Vanguard	Vanguard Capital Opportunity Fund	-	46,988
	Vanguard	Vanguard Short Term Bond Index Fund Shares	-	46,694
	Transamerica	Asset Allocation Moderate Growth	-	45,827
*	John Hancock	Funds III Disciplined Value Mid Cap Fund	-	45,448
	Columbia	Multi Manager Value Strategies Fund	-	45,081
	Dimensional Fund Advisors	DFA Emerging Markets Core Equity Portfolio	-	43,533
	Vanguard	Vanguard S&P Mid-Cap 400 Value ETF	-	42,905
	Dodge & Cox	Dodge & Cox Funds International Stock Fund	-	41,870
	First Eagle	First Eagle Funds Sogen Overseas Fund	-	41,617
	Allianz Funds	AllianzGI Global Allocation Fund Class A	-	41,570
	Fidelity Investments	Fidelity Growth Company	-	40,788
	Dimensional Fund Advisors	DFA International Small Cap Value Portfolio	-	40,311
	American Century Investments	American Century Inflation Adjusted Bond R5	-	39,980
	American Funds	American Funds Cap World Growth & Income	-	39,277
	Vanguard	Vanguard Short Term Investment Grade Fund Shares	-	39,174
	State Street	SPDR S&P 500 ETF	-	38,488
	Dimensional Fund Advisors	DFA International Core Equity Port	-	38,137
	Invesco	Powershares Russell 1000 Equal Weight ETF	-	36,940

CHILDREN'S PRIMARY CARE MEDICAL GROUP, INC. RETIREMENT SAVINGS PLAN
EIN: 33-0662258 Plan: 002
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2018

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Registered Investment Companies, continued:				
	UBS Asset Management	RMA Government Money Market Fund	-	$ 34,642
	Vanguard	Vanguard Growth ETF	-	34,256
	Oppenheimer Funds	Oppenheimer Developing Markets	-	34,203
	Columbia	Multi Manager Growth Strategies Fund	-	30,682
	Vanguard	Vanguard International Growth Fund	-	29,432
	Primecap Odyssey Funds	Primecap Odyssey Growth Fund	-	29,310
	Columbia	Multi Manager International Equity Strategies Ins	-	27,918
	Dimensional Fund Advisors	DFA Two Year Global Fixed Income Portfolio	-	25,661
	Fidelity Investments	Fidelity Dividend Growth	-	25,291
	Vanguard	Vanguard International Explorer	-	24,223
	Dimensional Fund Advisors	DFA US Small Cap Value Portfolio	-	23,887
	Dimensional Fund Advisors	DFA Real Estate Securities Portfolio	-	23,842
	Lord Abbett	Investment TR Short Duration Income	-	23,717
	Columbia	Multi Manager Small Cap Equity Strategies Fund	-	23,642
	Prudential Investments	Short-Term Corporate Bond Fund Income	-	23,469
	Vanguard	Vanguard S&P Mid-Cap 400 Growth	-	22,044
	Dimensional Fund Advisors	DFA US Large Cap Growth Portfolio	-	20,097
	Vanguard	Vanguard Health Care Investor	-	18,232
	Fidelity Investments	Fidelity Strategic Income Fund	-	18,163
	Dimensional Fund Advisors	DFA US Large Company Portfolio	-	18,023
	Vanguard	Vanguard Inflation Protected Securities Fund	-	17,986
	BlackRock	IShares MBS ETF	-	17,686
	Fidelity Investments	Fidelity Growth & Income	-	17,155
	Fidelity Investments	Fidelity Government Cash Reserves	-	16,865
	Dimensional Fund Advisors	DFA Real Estate Securities Portfolio	-	16,035
	Wells Fargo Funds	Wells Fargo Special Mid Cap Value	-	14,959
	Dimensional Fund Advisors	DFA Large Cap Growth Portfolio	-	13,866
	BlackRock	Blackrock Strategic Income Opportunities	-	13,188
	Vanguard	Vanguard Emerging Markets Government Bond Index	-	13,045
	Wells Fargo Funds	Wells Fargo Emerging Markets Equity	-	12,929
	iShares	IShares Intermediate Term Corp Bond	-	12,895
	MFS	MFS International Value	-	12,738
	Templeton	Income TR Global Bond Fund Advisor	-	12,392
	BlackRock	IShares 3-7 YR Treasury Bond ETF	-	12,261
	Prudential Investments	Prudential Jennison Mid Cap Growth	-	12,100
	MFS	MFS Value	-	12,051
	iShares	IShares Short Term Corp Bond	-	11,464
	Dimensional Fund Advisors	DFA International Value Portfolio	-	11,172
	Vanguard	Vanguard Total Bond Market Index	-	10,838
	Dimensional Fund Advisors	DFA US Small Cap Portfolio	-	10,154
	Vanguard	Short Term Inflation Protected Securities Index	-	9,693

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Registered Investment Companies, continued:				
	Dimensional Fund Advisors	DFA Five Year Global Fixed Income Portfolio	-	$ 9,565
	iShares	IShares Core MSCI Emerging Markets	-	9,477
	American Century Investments	American Century Inflation Protected	-	9,205
	Fidelity Investments	Fidelity Short Term Bond	-	9,174
	Delaware Funds by Macquarie	Delaware US Growth Fund	-	9,104
	iShares	iShares Short Treasury Bond ETF	-	7,831
	Dimensional Fund Advisors	DFA US Small Cap Growth Inst	-	6,852
	BlackRock	IShares Tips Bond ETF	-	6,790
	Dreyfus	Dreyfus Government Cash Management Admin	-	6,615
	BlackRock	IShares 1-3 YR Treasury Bond ETF	-	6,355
	Fidelity Investments	Fidelity Equity Income	-	4,826
	BlackRock	IShares 7-10 YR Treasury Bond ETF	-	4,585
	Fidelity Investments	Fidelity Contra Fund	-	4,159
	iShares	iShares iBoxx High Yield Corporate Bond ETF	-	4,136
	BlackRock	IShares Ibex $ Investment Grade Corp	-	3,272
	Dimensional Fund Advisors	DFA US Large Cap Value Portfolio	-	3,205
	JP Morgan	100% US Treasury Securities Money Market	-	1,736
Common Stock:				
	Consolidated Edison Inc.	1,390 Shares	-	112,946
	Qualcomm Inc.	916 Shares	-	52,129
	SCANA Corporation	1,107 Shares	-	44,693
	Eversource Energy	599 Shares	-	38,937
	Ameren Corp	686 Shares	-	44,539
	Philip Morris Intl Inc.	78 Shares	-	5,207
	Merck & Company Inc	61 Shares	-	4,661
	Nike Inc Cl B	58 Shares	-	4,300
	Alphabet Inc. Class A	4 Shares	-	4,180
	Berkshire Hathaway Inc.	20 Shares	-	4,084
	Mastercard Inc. Class A	20 Shares	-	3,773
	Unilever PLC Sponsored ADR	72 Shares	-	3,762
	Pfizer Inc	84 Shares	-	3,667
	Verizon Commnications	62 Shares	-	3,486
	Paypal Holdings Inc	41 Shares	-	3,448
	Digital Realty Trust Inc	32 Shares	-	3,410
	Procter & Gamble Company	37 Shares	-	3,401
	Iron Mountain Inc View	102 Shares	-	3,306
	Kimberly Clark Corp	29 shares	-	3,304
	Ventas Inc	56 Shares	-	3,281

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Common Stock, continued:				
	Cisco Systems Inc.	75 Shares	-	$ 3,250
	ONEOK Inc NEW	60 Shares	-	3,237
	Boeing Company	10 Shares	-	3,225
	Duke Energy Corp New	37 Shares	-	3,193
	Coca-Cola Company	67 Shares	-	3,172
	Alibaba Group Holding LTD	23 Shares	-	3,153
	Brookfield Asset Management Inc	82 shares	-	3,145
	Diageo PLC ADR	22 Shares	-	3,120
	Chevron Corp	28 Shares	-	3,046
	LVMH	52 Shares	-	3,040
	Amazon Com Inc	2 Shares	-	3,004
	Nestle S.A. ADR	36 Shares	-	2,915
	Estee Lauder Company Inc.	22 Shares	-	2,862
	Abbvie Inc	31 Shares	-	2,858
	Enbridge Inc	91 Shares	-	2,828
	Suntrust Banks Inc	55 Shares	-	2,774
	AT&T Inc.	97 Shares	-	2,768
	Blackrock Inc	7 Shares	-	2,750
	International Paper Company	68 Shares	-	2,744
	Williams Cos Inc	122 Shares	-	2,690
	Apple Inc.	17 Shares	-	2,682
	Southern Company	61 Shares	-	2,679
	ABB Limitied Sponsored ADR	132 Shares	-	2,509
	Komatsu Ltd	114 Shares	-	2,456
	Wells Fargo & Co New	53 Shares	-	2,442
	TE Connectivity Ltd	32 Shares	-	2,420
	Intl Business Machines	20 Shares	-	2,273
	Valero Energy Corp	30 Shares	-	2,249
	Facebook Inc Class A	17 Shares	-	2,229
	Anheuser Busch InBev	32 Shares	-	2,106
	Bayer A G	115 Shares	-	2,021
	Firsthand Tech Value Fund Inc	119 Shares	-	1,337
Interest-bearing Cash:				
	Charles Schwab	Cash and Bank Sweep	-	41,854
	TD Ameritrade	Cash and Insured Deposit Account	-	13,142
	Stifel	Cash Equivalents	-	8,145
	UBS Bank	USA Deposit Account	-	4,524

CHILDREN'S PRIMARY CARE MEDICAL GROUP, INC. RETIREMENT SAVINGS PLAN
EIN: 33-0662258 Plan: 002
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December 31, 2018

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value	(d)** Cost	(e) Current value
Bonds:				
	Oakland CA Unified School District	$18,000 bond; maturity 8/1/2034, 9.5% interest	-	$ 15,571
	Wachovia Cap Tr III	$14,030 bond; perpetual, 5.569% interest	-	13,568
Preferred Stock:				
	Federal National Mortgage Assoc.	450 shares, non-cumulative 8.25%	-	3,015
Notes Receivable from Participants:				
*	Participant Loans	Interest: 4.25% - 4.75%	-	141,733

* Designates a party-in-interest to the Plan
** Cost information is omitted for participant-directed investments
*** John Hancock Life Insurance Company

CHILDREN'S PRIMARY CARE MEDICAL GROUP, INC. RETIREMENT SAVINGS PLAN
EIN: 33-0662258 Plan: 002
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value	(d)** Cost	(e) Current value
Pooled Separate Accounts:				
*	John Hancock***	Vanguard Target Retirement 2030	-	$ 4,891,963
*	John Hancock	Vanguard Target Retirement 2025	-	4,134,110
*	John Hancock	Vanguard 500 Index Fund	-	3,317,872
*	John Hancock	Vanguard Target Retirement 2040	-	3,195,569
*	John Hancock	Money Market Fund	-	2,905,896
*	John Hancock	T. Rowe Price Science and Technology	-	2,591,049
*	John Hancock	Fidelity Contra Fund	-	2,340,760
*	John Hancock	Vanguard Target Retirement 2015	-	2,129,032
*	John Hancock	Total Stock Market Index Fund	-	1,963,645
*	John Hancock	Vanguard Mid Value ETF	-	1,360,728
*	John Hancock	American Funds EuroPacific Growth	-	1,357,419
*	John Hancock	Fidelity Advisor Total Bond	-	1,266,054
*	John Hancock	Vanguard Target Retirement 2020	-	1,248,032
*	John Hancock	Vanguard Target Retirement 2045	-	1,242,293
*	John Hancock	Vanguard Target Retirement 2035	-	1,219,448
*	John Hancock	Blue Chip Growth Fund	-	1,160,503
*	John Hancock	Vanguard Target Retirement Income Fund	-	1,128,556
*	John Hancock	John Hancock Disciplined Value	-	1,015,349
*	John Hancock	Vanguard Target Retirement 2050	-	888,724
*	John Hancock	Capital Appreciation Fund	-	885,742
*	John Hancock	Vanguard Small Cap Growth Index Fund	-	603,252
*	John Hancock	Mid Value Fund	-	548,232
*	John Hancock	Oppenheimer Developing Markets Fund	-	436,698
*	John Hancock	American Balanced Fund	-	344,177
*	John Hancock	Vanguard International Equity Index Fund	-	227,756
*	John Hancock	Vanguard Mid Cap Index Fund	-	217,202
*	John Hancock	Mid Cap Stock Fund	-	215,222
*	John Hancock	T. Rowe Price Spectrum Income Fund	-	179,232
*	John Hancock	Vanguard Short-Term Federal	-	122,767
*	John Hancock	Small Cap Index Fund	-	115,285
*	John Hancock	Vanguard Target Retirement 2055	-	56,908
*	John Hancock	DFA US Targeted Value Fund	-	21,020
*	John Hancock	Vanguard Target Retirement 2060	-	3,522
Registered Investment Companies:				
	Vanguard	Vanguard Small Cap Index	-	1,174,942
	Vanguard	Vanguard Primecap	-	1,059,346
	Vanguard	Vanguard Mid Cap Index	-	1,054,683
	iShares	iShares Core Conservative Allocation ETF	-	543,936
	Vanguard	Vanguard 500 Index	-	490,304
	Vanguard	Vanguard Extended Market	-	461,981

CHILDREN'S PRIMARY CARE MEDICAL GROUP, INC. RETIREMENT SAVINGS PLAN
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Registered Investment Companies, continued:					
		Vanguard	Vanguard Total International Stock Index Fund	-	$ 412,117
		Vanguard	Vanguard Value Index Fund	-	328,808
		Vanguard	Vanguard Value ETF	-	280,137
		Flexshares Trust	Flexshares Trust Quality Dividend Index	-	234,561
		BNY Mellon	Dreyfus Standish Global	-	196,911
		Vanguard	Vanguard Intermediate-Term Investment Grade Fund	-	142,379
		AIG	AIG Focused Dividend Strategy Fund Class A	-	133,405
		Dimensional Fund Advisors	DFA US Core Equity 1 Port	-	124,509
		Vanguard	Vanguard NMA Fund	-	118,476
		American Funds	American Funds Growth Fund of America	-	117,025
		American Century Investments	American Century Global	-	104,831
		Vanguard	Vanguard Extended Market Index	-	96,159
		Columbia	Multi Manager Total Return Bond Strategies Fund	-	83,240
		Vanguard	Vanguard High-Yield Corporate Fund	-	79,866
		First Trust	First Trust Exchange Traded FD Dow Jones	-	73,846
		Principal Funds	Principal Mid Cap Fund	-	66,818
		Vanguard	Vanguard Dividend Growth Investor	-	62,662
		American Century Investments	American Century Short Duration	-	60,477
		American Century Investments	American Century Equity	-	57,830
		Vanguard	Vanguard S&P 500 Fund	-	53,667
		Vanguard	Vanguard Short Term Investment Grade Fund	-	49,943
		Oppenheimer Funds	Oppenheimer Senior Floating Rate	-	48,295
		Principal Funds	Principal Global Real Estate Securities	-	48,197
		Vanguard	Vanguard Capital Opportunity Fund	-	46,988
		Vanguard	Vanguard Short Term Bond Index Fund Shares	-	46,694
		Transamerica	Asset Allocation Moderate Growth	-	45,827
	*	John Hancock	Funds III Disciplined Value Mid Cap Fund	-	45,448
		Columbia	Multi Manager Value Strategies Fund	-	45,081
		Dimensional Fund Advisors	DFA Emerging Markets Core Equity Portfolio	-	43,533
		Vanguard	Vanguard S&P Mid-Cap 400 Value ETF	-	42,905
		Dodge & Cox	Dodge & Cox Funds International Stock Fund	-	41,870
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	Oakland CA Unified School District	$18,000 bond; maturity 8/1/2034, 9.5% interest	-	$ 15,571
	Wachovia Cap Tr III	$14,030 bond; perpetual, 5.569% interest	-	13,568
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	Federal National Mortgage Assoc.	450 shares, non-cumulative 8.25%	-	3,015
Notes Receivable from Participants:				
*	Participant Loans	Interest: 4.25% - 4.75%	-	141,733

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** Cost information is omitted for participant-directed investments
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