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
- [X] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [X] 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
ASSOCIATED PHYSICIANS' RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 03/01/1998

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)
TEXAS EM-1 MEDICAL SERVICES, P.A.

13737 NOEL ROAD, STE. 1600
DALLAS, TX 75240

2b Employer Identification Number (EIN) 75-2744538

2c Plan Sponsor's telephone number 800-527-2145

2d Business code (see instructions) 621900

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.	12/05/2019	DONALD L KING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	12314
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)**	10652
a(2) Total number of active participants at the end of the plan year	**6a(2)**	10719
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	1585
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	12304
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	10
f Total. Add lines **6d** and **6e**.	**6f**	12314
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	6775
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	94
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **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 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
ASSOCIATED PHYSICIANS' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TEXAS EM-1 MEDICAL SERVICES, P.A.

D Employer Identification Number (EIN)
75-2744538

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

CHARLES SCHWAB & CO. INC. AND AFFIL

94-1737782

(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)

SCHWAB RETIREMENT PLAN SERVICES INC

34-1479833

(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 26 50 64	NONE	467279	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
33 50 59 62 71 72 99	NONE	81665	Yes [X] No [ ]	Yes [X] No [ ]	284	Yes [X] No [ ]

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

BEAIRD HARRIS WEALTH MANAGEMEN

75-2569390

(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 50	NONE	58731	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)

TOWERS WATSON DELAWARE INC

53-0181291

(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?
28 50	NONE	38827	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHEVIOT VALUE MANAGEMENT LLC

01-0932564

(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 50	NONE	29160	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FISHER INVESTMENTS

20-2480800

(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 50	NONE	23930	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)

ARIANNA CAPITAL MANAGEMENT LLC

26-4491863

(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 50	NONE	15064	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CAMPBELL ROOKS WEALTH

13-4233774

(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 50	NONE	10418	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MERCER

30-0282430

(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?
28 50	NONE	9865	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)

NEWPORT FINANCIAL ADVISORS INC

33-0714150

(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 50	NONE	8322	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VESTIA ADVISORS LLC

82-1828832

(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 50	NONE	7480	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CLS INVESTMENTS LLC

32-0070947

(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 50	NONE	6290	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)

HUBER FINANCIAL ADVISORS LLC

46-2591639

(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 50	NONE	6271	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STOKER OSTLER WEALTH ADVISORS,

86-0862232

(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 50	NONE	6100	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HOOVER FINANCIAL ADVISORS INC

20-2086231

(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 50	NONE	5701	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)

STEEL PEAK WEALTH MGMT LLC

46-1173026

(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 50	NONE	5684	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AMERICAN ECONOMIC PLANNING GRP

22-2454043

(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 50	NONE	5619	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CREATIVE PLANNING INC

43-1270780

(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 50	NONE	5556	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)

LARSON FINANCIAL GROUP LLC

20-4773945

(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 50	NONE	5423	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHARLES SCHWAB BANK

42-1558009

(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?
25 49 50 52 62	NONE	1	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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
CHARLES SCHWAB & CO. INC. AND AFFIL	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SEE ATTACHMENT 51-0368279	SEE ATTACHMENT

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

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
ASSOCIATED PHYSICIANS' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TEXAS EM-1 MEDICAL SERVICES, P.A.

D Employer Identification Number (EIN)
75-2744538

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: ASSOCIATED PHYSICIANSLLP 401K&PS MT

b Name of sponsor of entity listed in (a): TEXAS EM-I MEDICAL SERVICES, P.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)
39-1977392-001	M	725181349

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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
ASSOCIATED PHYSICIANS' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TEXAS EM-1 MEDICAL SERVICES, P.A.

D Employer Identification Number (EIN)
75-2744538

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	829314	13339312
(2) Participant contributions	1b(2)	717983	806471
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	28768288	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	161402	0
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	5704724	5573501
(9) Value of interest in common/collective trusts	1c(9)	249211454	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	725181349
(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)	361191589	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	131726792	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	778311546	744900633
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	0	2069
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	2069
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	778311546	744898564

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)	18979275	
	(B) Participants	2a(1)(B)	75311747	
	(C) Others (including rollovers)	2a(1)(C)	13895231	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		108186253
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)	222077	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		222077
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		-27946179
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		80462151
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	46923305	
(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)		46923305
f Corrective distributions (see instructions)	2f		189973
g Certain deemed distributions of participant loans (see instructions)	2g		175589
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	9665	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	221805	
(4) Other	2i(4)	294915	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		526385
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		47815252
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		32646899
l Transfers of assets:			
(1) To this plan	2l(1)		234918897
(2) From this plan	2l(2)		300978778

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: CAUSEY DEMGEN & MOORE PC **(2)** EIN: 84-1158905

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		5000000
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)
ASSOCIATED PHYSICIANS PROFIT SHARING PLAN	75-2744538	002

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
ASSOCIATED PHYSICIANS' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TEXAS EM-1 MEDICAL SERVICES, P.A.

D Employer Identification Number (EIN)
75-2744538

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): 42-1558009

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: 0.0% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

Associated Physicians' Retirement Plan

Financial Statements
With Independent Auditor's Report
As of December 31, 2018 and 2017 and
For the Year Ended December 31, 2018

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Causey
DEMGEN & MOORE P.C.

Certified Public Accountants
and Consultants

1099 Eighteenth Street - Suite 2300
Denver, Colorado 80202-1939
Telephone: (303) 296-2229
Facsimile: (303) 296-3731
www.causeycpas.com

Independent Auditor's Report

To the Participants and Administrator of the
Associated Physicians' Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Associated Physicians' Retirement Plan ("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

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's 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 The Charles Schwab Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2018 and 2017, and for the year ended December 31, 2018, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

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

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

Denver, Colorado
December 4, 2019

Causey Demgen & Moore P.C.

Associated Physicians' Retirement Plan
Statements of Net Assets Available for Benefits
As of December 31, 2018 and 2017

	2018	2017
Assets		
Investments at fair value, (Notes 3 and 4)	$ 725,181,349	$ 771,059,525
Receivables:		
Notes receivable from participants (Note 3)	5,573,501	5,704,724
Employer contributions	13,339,312	829,314
Participant contributions	806,471	717,983
Total receivables	19,719,284	7,252,021
Liabilities		
Other liabilities	2,069	-
Net assets available for benefits	$ 744,898,564	$ 778,311,546

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

Associated Physicians' Retirement Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2018

Additions to Net Assets Attributed to:	
Plan's share of the income, expense, and net (depreciation) appreciation in fair value of the investments of the Associated Physicians, LLP 401(k) and Profit Sharing Master Trust (Note 4)	$ (27,946,179)
Interest income from notes receivable from participants	222,077
Contributions:	
Participants	75,311,747
Employer	18,979,275
Rollovers from qualified plans	13,895,231
Total contributions	108,186,253
Total additions	80,462,151
Deductions from Net Assets Attibuted to:	
Benefits paid to participants	47,098,894
Other benefit payments	189,973
Administrative expenses (Note 7)	526,385
Total deductions	47,815,252
Net increase before transfers	32,646,899
Net transfers from the Plan	(66,059,881)
Net decrease	(33,412,982)
Net assets available for benefits, December 31, 2017	778,311,546
Net assets available for benefits, December 31, 2018	$ 744,898,564

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

1. Description of the Plan

General

The Associated Physicians' Retirement Plan (the Plan) was adopted by Texas EM-I Medical Services, P.A. (the Company or Employer), effective March 1, 1998, to provide retirement benefits to its employees. The Plan is administered by EmCare, Inc. and is a defined contribution plan. All employees of the Company are eligible to participate in the 401(k) portion at any time and the elections will be effective the following pay period. The Plan is intended to constitute a Section 401(a) plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The following description of the Plan provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

Contributions

Contributions to the plan are subject to certain IRS limitations, as outlined in the plan document.

Participants may contribute from 1% to 25%, subject to limitations of Section 402(g)(1) of the Code, of their annual compensation on a tax-deferred basis. Rollover contributions are permitted only from qualified retirement plans.

For the year ended December 31, 2017, the Plan failed the discrimination test. In order to continue as a qualified plan, the Company made an additional contribution of $32,423 for 2017 during the fourth quarter of 2018. When such amounts are paid, they are included in the employer contributions in the statement of changes in net assets available for benefits.

Participant Accounts

Each participant's account is credited with contributions plus allocations of Plan earnings. Upon termination, a participant is entitled to 100% of their contributions and the related earnings thereon.

Vesting

Participants are immediately vested in their 401(k), profit sharing and rollover contributions plus actual earnings thereon. However, if, as the result of an acquisition, a former employer transfers funds from prior plans into this plan, these funds will retain their former vesting schedule.

Investments:

Upon enrollment in the Plan, a participant may direct contributions in any of the following investment options: registered investment companies, common/collective trusts, limited partnerships and a self-directed brokerage account option.

Changes to 401(k) contributions can be made monthly. Investment elections can be changed daily.

Withdrawals
Upon termination of service, or upon death, disability, or retirement, a participant may receive a lump-sum payment equal to his or her vested account balance. After attainment of age 59½, participants may withdraw any amount up to their vested account balance. Hardship withdrawals from 401(k) and rollover contributions may be made, subject to certain conditions and restrictions. After 5 years of employment, participants may make withdrawals from profit sharing contributions. Prior to that time, participants may only withdraw profit sharing amounts which have been in the Plan for at least two years.

Notes Receivable from Participants
Participants may borrow a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range from one to five years or longer for the purchase of a primary residence (as determined by plan administrator). The loans are secured by the balance in the participant's account and bear interest at prime plus 2 percent (ranging from 3.75% to 6.25% as of December 31, 2018 and 2017). Principal and interest are paid ratably through monthly payroll deductions and is reinvested according to current investment elections. In certain situations and when there is a new participating employer, the Plan will allow for loans to be transferred into the plan so that plan participants can continue repayment, thereby supporting their efforts to continue saving towards their retirement.

Forfeited Accounts
Amounts that are forfeited under the Plan are first used to restore amounts previously forfeited, and if any amounts remain, are applied to reduce Employers contributions or to pay Plan expenses. At December 31, 2018 and 2017, unallocated forfeited nonvested amounts were $24,917 and $8,547, respectively.

Administration
The Plan is administered by the Company. The Charles Schwab Trust Company (Schwab) acts as trustee of Plan assets and The Schwab Retirement Plan Services is the Plan's recordkeeper.

2. Significant Accounting Policies

Basis of Accounting
The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates
The preparation of the Plan's financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the

changes in net assets available for benefits during the reporting period and when applicable, disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition
During the year ended December 31, 2018, the Company created a master trust which holds the investments in the Plan as of December 31, 2018. The investment in the Associated Physicians, LLP 401(k) and Profit Sharing Master Trust (the Master Trust) represents the Plan's share of the net assets, valued at fair value, that was readily determinable as of the statement date by the Charles Schwab Trust Company, the Plan's Trustee.

The Master Trust invests in registered investment companies (mutual funds) common stock and bonds, common/collective trusts and self-directed brokerage accounts.

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.

The Plan presents in the statement of changes in net assets available for benefits the net appreciation (depreciation) in fair value of investments, which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments.

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

Risks and Uncertainties
The Plan and Master Trust invests in a combination of registered investment companies, common/collective trusts, limited partnerships and self-directed brokerage accounts. 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 risks in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits and the statement of changes in net assets available for benefits.

Benefit Payments
Benefits are recorded when paid.

3. Information Certified by Trustee (Unaudited)

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure

under ERISA. Accordingly, the trustee of the Plan has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments at fair value as shown in the statements of net assets available for benefits as of December 31, 2018 and 2017
- Notes receivable from participants at December 31, 2018 and 2017 and the related interest income for the year ended December 31, 2018
- Investment income, net as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2018

4. Master Trust Allocation

The Master Trust is a trust established by the Company for the Plan and certain other plans of the Company.

The Plan's interest in the assets of the Master Trust is included in the accompanying statements of net assets available for benefits.

A summary of assets of the Master Trust as of December 31, 2018 is as follows:

Assets:		
Investments, at fair market value:		
Registered investment companies	$	384,508,311
Common/collective trusts and self-directed brokerage accounts		340,665,569
Limited partnerships		56,368
Total investments		725,230,248
Receivables:		
Notes receivable from participants		5,573,501
Employer contributions		13,339,312
Participant contributions		806,471
Total assets		744,949,532
Liabilities:		
Other liabilities		2,069
Net assets of the Master Trust	$	744,947,463

The allocation of net assets of the Master Trust to participating plans as of December 31, 2018 is as follows:

Associated Physicians' Retirement Plan	$	744,898,564
Associated Physicians' Profit Sharing Plan		48,899
	$	744,947,463

The Master Trust's investment income less administrative expenses allocated to the participating plans for the year ended December 31, 2018 is as follows:

Investment income:		
Net (depreciation) appreciation in fair value of investments	$	(62,430,381)
Interest and dividends		19,589,675
Net investment (loss) income		(42,840,706)
Administrative expenses		(726,683)
Net amount allocated	$	(43,567,389)

The net appreciation (depreciation) in the fair value of investments in the Master Trust by major investment category for the year ended December 31, 2018:

Common Collective Trusts	$	(17,344,912)
Registered Investment Companies		(38,228,561)
Self Directed Brokerage Accounts		(6,856,908)
	$	(62,430,381)

5. Fair Value Measurements:

Financial Accounting Standards Board Accounting Standards Codification section 820, *Fair Value Measurements and Disclosures*, establishes a 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 are described below:

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

Level 2: Inputs to the valuation methodology include:

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

If the asset or liability has a specified (contractual) term, the Level 2 input must be

observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2016 and 2015.

Investments in registered investment companies (mutual funds) common stocks, bonds and unit investment trusts: Valued at quoted market prices which represent the net asset value of shares held by the Plan at year end.

Investments in common/collective trusts and self-directed brokerage accounts: Valued at the quoted market price of the underlying investments held by the Plan at year end.

Investments in limited partnerships: Independently valued by the plan sponsor.

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

The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets allocated to the Plan at fair value at December 31, 2018:

	Assets at Fair Value at December 31, 2018			
	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 384,420,897	$ —	$ —	$ 384,420,897
Self-directed brokerage accounts	114,269,786	—	—	114,269,786
Limited partnerships	—	—	56,368	56,368
Total assets in the fair value hierarchy	498,690,683	—	56,368	498,747,051
Investments measured at net asset value [1]	—	—	—	226,434,298
Investments at fair value	$ 498,690,683	$ —	$ 56,368	$ 725,181,349

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

	Assets at Fair Value at December 31, 2017			
	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 389,959,876	$ —	$ —	$ 389,959,876
Self-directed brokerage accounts	131,726,793	—	—	131,726,793
Limited partnerships	—	—	161,402	161,402
Total assets in the fair value hierarchy	521,686,669	—	161,402	521,848,071
Investments measured at net asset value [1]	—	—	—	249,211,454
Investments at fair value	$ 521,686,669	$ —	$ 161,402	$ 771,059,525

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

The following tables summarize investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2018, and 2017, respectively.

December 31, 2018	Fair Value	Unfunded Commitments	Redemption frequency	Redemption notice period
Common/Collective trusts	$ 226,434,298	n/a	Daily	n/a

December 31, 2017	Fair Value	Unfunded Commitments	Redemption frequency	Redemption notice period
Common/Collective trusts	$249,211,454	n/a	Daily	n/a

The table below sets forth a summary of changes in the fair value of the Master Trust's level 3 assets allocated to the Plan for the year ended December 31, 2018:

	Partnerships
Balance, beginning of year	$ 161,402
Purchases, sales, issuances and settlements (net)	(105,034)
Balance, end of year	$ 56,368

6. Income Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated February 28, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRS and therefore, is exempt from taxation under Section 501(a) of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service ("IRS"). The Plan administrator has analyzed the tax positions taken by the plan and has concluded that as of December 31, 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability 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.

7. Subsequent event

On March 1, 2019, the Plan was merged into the Envision Healthcare 401(k) Plan administered by Fidelity.

The Company has evaluated events subsequent to December 31, 2018 through December 4, 2019, which is the date the financial statements were available to be issued. Except as disclosed above, there have been no material events noted in this period which would impact the results reflected in this report, the Plan's results going forward or require additional disclosure.

Multiple-Employer Plan Participating Employer Information

NAME OF PLAN: Associated Physicians' Retirement Plan
EIN: 75-2744538
PLAN NUMBER: 001

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
303 Emergency Physicians PLLC	46-4102898	0.11%
40th Street Inpatient Services, LLC	46-4470083	0.26%
Acute Arlington Trauma Specialists, PLLC	36-4747271	0.10%
Acute Associates of North Texas, PLLC	30-0756798	0.01%
Acute Orthopedic Care Specialists, PLLC	26-3117954	0.25%
Acute Surgical Care LLC	20-4049691	0.00%
Acute Surgical Care Specialists, PLLC	20-1717072	0.63%
Affilion of Cobre Valley, P.L.L.C.	26-3853489	0.01%
Alabama EM-I Medical Services PC	75-2752016	0.04%
Albacore Inpatient Services, LLC	47-1920446	0.03%
Albatross Emergency Physicians, PLLC	46-4919697	0.00%
Alewife Inpatient Services, PLLC	47-1960093	0.03%
Alfonsino Emergency Physicians, LLC	47-2079785	0.16%
Allaire Emergency Physicians, LLC	32-0494284	0.25%
Anemonefish Inpatient Services, LLC	36-4795028	0.20%
Antarctic Emergency Physicians, LLC	35-2517584	0.16%
Antenna Codlet Inpatient Services, a Medical Corporation	37-1767862	0.19%
Arizona EM-I Medical Services PC	75-2751882	0.12%
Arkansas EM-I Byrne Medical Services PA	75-2743849	0.01%
Ashley Circle Inpatient Services, LLC	46-2585665	0.09%
Atlantic Eel Inpatient Services, PLLC	38-3943855	0.04%
Atlantic Herring Inpatient Services, LLC	35-2519534	0.38%
Atlantic Isles Inpatient Services, LLC	45-4493059	0.08%
Atlantic Saury Inpatient Services, LLC	47-2314463	0.36%
Augustine Emergency Physicians, LLC	45-2590749	0.16%
Australian Grayling Surgical Specialists, LLC	47-2447397	0.11%
Australian Herring Inpatient Services, LLC	47-2438469	0.03%
Australian Lungfish Surgical Specialists, LLC	47-2428733	0.02%
Australian Prowfish Surgical Specialists, LLC	47-2438269	0.11%
Australian Salmon Inpatient Services, a Medical Corporation	36-4799189	0.13%
Ayers Rock Inpatient Services, LLC	47-1410360	0.07%
Baikal Surgical Specialists, LLC	37-1770403	0.13%
Balcones Heights Inpatient Services, PLLC	32-0536004	0.05%
Bamboo Shark Emergency Physicians, LLC	47-2562778	0.02%
Bandfish Inpatient Services, LLC	47-2607894	0.08%
Bangus Surgical Specialists, LLC	47-2724693	0.08%
Banjo Acute General Surgery, PLLC	61-1752505	0.03%
Barracuda Emergency Physicians, LLC	47-2988702	0.00%
Barrier Reef Emergency Physicians, PLLC	27-0316031	0.00%
Barron Emergency Physicians, LLC	75-2746578	0.21%
Bay View Inpatient Services, LLC	82-3366479	0.01%
Bayshore Emergency Medical Associates, LLC	26-2492386	0.37%
Beaver Pond Brook Emergency Physicians, LLC	32-0533302	0.04%
Belle Point Periop Services, PLLC	37-1709606	0.03%
Benwood Inpatient Services, PLLC	46-3618299	0.00%
Betta Inpatient Services, LLC	32-0465674	0.02%
Bibb Inpatient Services, LLC	38-3984939	0.20%
Blanca Peak Inpatient Services, LLC	47-1348699	0.16%
Blue Parkway Emergency Physicians, LLC	45-5316058	0.16%
Bluefish Lake Inpatient Services, LLC	47-1381367	0.06%
Bluejacket Emergency Physicians LLC	45-5568494	0.52%
Bobcat Emergency Physicians, LLC	46-1791010	0.08%
Bocaccio Inpatient Services, PLLC	32-0468014	0.06%
Bonito Inpatient Services, LLC	32-0470462	0.10%
Borah Inpatient Services, LLC	47-1328821	0.49%
Borthwick Emergency Physicians, LLC	46-1621709	0.17%
Bow Peak Inpatient Services, PLLC	47-1408183	0.03%
Brays Bayou Emergency Physicians, PLLC	46-2909536	0.27%
Broad Mountain Emergency Services, PLLC	90-1013275	0.14%
Brooklyn Avenue Emergency Physicians, LLC	45-5501249	0.28%
Buck Creek Emergency Physicians, LLC	90-1021331	0.00%
Buffalo Trail Inpatient Services, LLC	46-2780298	0.13%

Caldera Emergency Physicians, LLC	45-5498816	0.72%
California Anesthesia Providers, a Medical Corporation	27-4330525	0.00%
California Anesthesia Specialists, a Medical Corporation	26-4814385	0.00%
California EM-I Medical Services A Medical Corporation	75-2741489	0.49%
Camp Hill Emergency Physicians, LLC	20-4667340	0.07%
Canton Hollow Emergency Physicians, PLLC	82-5344527	0.04%
Cantrell Lake Inpatient Services, LLC	61-1843475	0.00%
Caroline Emergency Physicians, PLLC	06-1638984	0.09%
Carver Park Emergency Physicians, PLLC	46-2937734	0.25%
Charter Inpatient Services, LLC	30-0889142	0.06%
Chattown Inpatient Services, PLLC	46-3901475	0.26%
Chickadee Inpatient Services, LLC	46-4939404	0.14%
Cirque of Towers Inpatient Services, LLC	47-1337303	0.23%
Clara Maass Emergency Medical Associates, LLC	45-4908117	0.54%
Clinical Partners, PA	01-0672601	0.00%
Cloud Peak Inpatient Services, LLC	47-1501358	0.06%
Coastline Emergency Physicians, LLC	75-2722593	0.83%
Colorado EM-I Medical Services PC	75-2791696	0.00%
Columbia Emergency Medical Associates, PLLC	46-1506884	0.40%
Community Emergency Medical Associates, LLC	46-1566696	0.73%
Compass Point Emergency Physicians, PLLC	47-5106966	1.30%
Conestoga Emergency Physicians, LLC	51-0463635	0.05%
Connecticut EM-I Medical Services PC	45-0485200	0.02%
County Seat Emergency Physicians, LLC	20-3772079	0.07%
Crestone Inpatient Services, LLC	47-1538959	0.07%
Crown of the Valley Emergency Physicians, PLLC	46-2954769	0.11%
Darling Emergency Physicians, LLC	20-8466374	0.12%
Deer Valley Emergency Physicians, LLC	81-4702447	0.06%
Desert Canyon Inpatient Services, a Medical Corporation	35-2540010	0.05%
Desoto Lakes Emergency Physicians, LLC	82-3054174	0.03%
Dinsmores Inpatient Services, a Medical Corporation	38-4011180	0.01%
Dixie Highway Inpatient Services, LLC	45-4493108	0.29%
Dobbs Park Inpatient Services, LLC	37-1846468	0.13%
Dolphin Emergency Physicians, LLC	75-2965268	0.04%
Double Spring Anesthesia Providers, LLC	47-1479363	0.03%
Doucette Branch Inpatient Services, PLLC	38-4011602	0.06%
Doverside Emergency Physicians, PLLC	46-3948895	0.63%
Dreamhill Inpatient Services, PLLC	37-1862623	0.47%
E. Jackson St. Emergency Physicians, LLC	26-1201002	0.13%
Eagle Inpatient Services, PLLC	46-4893073	0.09%
East Meyer Blvd Emergency Physicians, LLC	45-5472167	0.16%
EDS-I Practices of California, a Medical Corporation	36-4778369	0.29%
El Paso Acute Trauma Specialists, PLLC	90-0908232	0.16%
Ellenville Emergency Medical Associates, PLLC	47-3176549	0.13%
EMA of NJ, P.A.	94-2486898	0.12%
EmCare PNX Emergency Physicians, LLC	75-2632235	0.48%
EmCare-DTX Emergency Physicians, PLLC	75-2638594	0.12%
EmCare-IAH Emergency Physicians, PLLC	75-2628720	0.14%
EmCare-RSN Emergency Physicians, PLLC	75-2636676	0.29%
Emergency Care Associates of Indiana, LLC	90-1018964	0.64%
Emergency Care Physicians of Washington, LLC	26-2315767	0.43%
Emergency Medical Associates CHS, LLC	20-0625450	0.75%
Emergency Medical Association of New York, PC	02-0657245	0.28%
Emergency Medical Association Sound Shore, PLLC	20-3512226	0.26%
Emergency Medical Association Westchester, PLLC	20-3512079	0.46%
Emergency Medical Services Kansas, LLC	43-1921537	0.14%
Emergency Professional Services, P.C.	86-0415065	1.70%
EMO Medical Care, LLC	22-3516512	0.38%
EMS, LLC	20-0026974	0.24%
Envision Physician Services, LLC	82-3024963	0.00%
EPMG of Delaware, PA	51-0380938	0.26%
EPMG of Illinois, SC	38-3551582	2.10%
EPMG of Indiana, PC	38-3513496	0.67%
EPMG of Michigan, PC	38-3409771	5.86%
EPMG of Ohio, Inc., PA	31-1597469	0.37%
Essex Emergency Physicians, LLC	47-5045971	0.14%
Evergreen Physicians of North Jersey, PC	20-4300617	0.06%
Executive Health Resources Clinical Staffing Solutions PC	11-3669759	0.01%
Farragut Inpatient Services, PLLC	30-1058623	0.09%
Flat Top Inpatient Services, LLC	47-1536348	0.03%
Flatwoods Inpatient Services, LLC	81-3037922	0.08%

FL-I Medical Services, LLC	35-2435687	2.48%
Florida EM-I Medical Services PA	75-2739410	0.33%
Florida IPS Medical Services, LLC	30-0718181	0.18%
Forked Deer River Inpatient Services, PLLC	46-3644996	0.08%
Fox Chase Emergency Physicians, LLC	81-2993907	0.12%
Fredericksburg Anesthesia Consultants, PLLC	27-2955313	0.07%
Friendship City Acute Trauma, LLC	35-2491027	0.15%
GA-I Medical Services, P.C.	35-2506306	0.10%
Gardentown Emergency Physicians, PLLC	46-3004143	0.27%
Georgia EM-I Medical Services PC	75-2739406	0.77%
Gilford Sound Emergency Physicians, LLC	82-3443360	0.19%
Glenarm Acute Surgical Specialists, LLC	35-2573818	0.12%
Glidden Park Inpatient Services, LLC	45-4493179	0.21%
Godwit Inpatient Services, LLC	46-5070049	0.30%
Gold Rush Inpatient Services, a Medical Corporation	45-2695889	0.03%
Grassy Waters Inpatient Services, LLC	45-4772000	0.24%
Greenway Trail Emergency Physicians, LLC	37-1654798	0.00%
Gulf Prairie Emergency Physicians, PLLC	46-2970559	0.14%
Gwinnett Emergency Specialists, P.C.	58-1943417	0.00%
Hackettstown Emergency Medical Associates, LLC	47-2299656	0.21%
Hackettstown Inpatient Medical Associates, LLC	81-0951039	0.07%
Haddon Emergency Physicians, LLC	75-2778807	0.07%
Hamilton Square Emergency Medical Associates, LLC	82-2559779	0.24%
Hawaii EM-I Medical Services Inc	75-2774636	0.00%
HCA-EmCare Holdings, LLC	38-3838996	0.01%
Hennessey Inpatient Services, PLLC	82-3391949	0.01%
Herald Emergency Physicians, PLLC	47-5053353	0.00%
Hermitage Inpatient Services, PLLC	47-5094650	0.27%
Hilburn Park Inpatient Services, LLC	80-0823606	0.18%
Hook Inpatient Services, LLC	36-4844601	0.20%
Hospital Based Medical Services of Tennessee-I, P.C.	32-0375165	0.76%
Hospital Based Medical Services of Virginia-I, P.C.	90-0818944	0.13%
Hospitalist Physicians Medical Group of Illinois, LLC	32-0554116	0.26%
Hospitalist Physicians Medical Group of Michigan, PC	20-5791841	0.31%
Hudson Emergency Medical Associates, LLC	82-1645683	0.15%
Humboldt Emergency Physicians, LLC	61-1793793	0.11%
Idaho EM-I Medical Services PC	20-3919207	0.00%
Illinois/Indiana EM-I Medical Services SC	75-2743839	0.19%
IMA Post Acute Care Physicians, LLC	46-3100673	0.15%
Independence Emergency Physicians, LLC	75-2850785	0.07%
Independent Anesthesia Providers of California, a Medical Corporation	32-0433458	0.00%
Independent Medical Providers of California, a Medical Corporation	30-0811609	0.10%
IN-I Medical Services, P.C.	47-3617045	0.02%
Inpatient Medical Associates of New Jersey	22-3845649	0.41%
Inpatient Medical Associates of New York, PLLC	27-4210258	0.08%
Inpatient Services of California Inc A Medical Corporation	36-4519009	0.07%
Inpatient Services of Georgia PC	26-4519742	0.00%
Inpatient Services of Maine PC	26-0382217	0.00%
Inpatient Services of New Jersey, P.C.	20-0084332	0.13%
Inpatient Services of North Carolina, PC	26-4588579	0.01%
Inpatient Services of Tennessee, P.C.	20-1744923	0.01%
Inpatient Services of Texas PA	26-0381508	0.13%
Island City Psych Services, LLC	46-4795759	0.08%
Islands Emergency Medical Services Hawaii, LLC	20-1292161	0.19%
Jackson Drive Emergency Physicians, LLC	46-4361285	0.38%
James Street Inpatient Services, LLC	46-3943162	0.01%
JDG Circle Inpatient Services, LLC	30-0792383	0.18%
Jefferson Lake Emergency Physicians, LLC	90-1021519	0.15%
Kansas EM-I Med Services PA	32-0162571	0.03%
Kapiolani Radiology Services, LLC	45-5162377	0.05%
Kattella Emergency Physicians, a Medical Corporation	20-0463462	0.32%
Kensington Row Inpatient Services, PLLC	36-4871690	0.04%
Kentucky Emergency-I Services P.S.C.	38-3934019	0.01%
Kentucky EM-I Medical Services, P.S.C.	75-2772210	0.17%
Kimball Emergency Medical Associates, LLC	26-4467651	0.31%
King Ranch Emergency Physicians, PLLC	46-2879706	0.21%
Kingston Emergency Medical Associates, PLLC	27-1461591	0.31%
Kuakini Emergency Physicians Service Oahu, LLC	20-4671534	0.09%
KY-I Medical Services PSC	80-0907744	0.11%
Lake Macaco Inpatient Services, LLC	45-5233659	0.04%
Lake Magdalene Emergency Physicians, LLC	82-3407259	0.03%

Lavender Inpatient Services, LLC	47-1360738	0.19%
Lettuce Lake Emergency Physicians, LLC	37-1865790	0.03%
Liberty Emergency Medical Associates, LLC	26-2319608	0.74%
Lindsey Belt Emergency Physicians, LLC	45-5485457	0.09%
Live Oak Emergency Physicians, PLLC	26-2847748	0.00%
Lone Star Radiology Services, PLLC	20-5801190	0.06%
Long River Physicians, LLC	90-0906207	0.08%
Loop 101 Emergency Physicians, LLC	20-5048404	0.76%
Los Olivos Emergency Physicians, a Medical Corporation	20-0463397	0.02%
Louisiana EM-I Medical Services, A Professional Corporation	75-2743845	0.07%
Lumberton Emergency Medical Associates, P.C.	27-5252122	0.26%
Magnolia Acute Trauma, a Medical Corporation	35-2536336	0.09%
Magnolia Emergency Physicians, LLC	75-2885762	0.09%
Manning Emergency Medical Associates, PLLC	26-3656680	0.62%
Manteca Emergency Physicians, a Medical Corporation	20-0461781	0.18%
Marathon Inpatient Services, PLLC	47-1373144	0.56%
Marcy Inpatient Services, PLLC	47-1382686	0.40%
Maryland Provo-I Medical Services, P.C.	75-2743841	0.21%
Mascoma Street Inpatient Services, LLC	35-2566870	0.03%
Massachusetts EM-I Medical Services, P.C.	75-2744533	0.05%
Mathis Drive Inpatient Services, PLLC	46-3879409	0.19%
Mawson Emergency Physicians, LLC	47-1431567	0.14%
Mayfair Emergency Physicians, a Medical Corporation	20-0463713	0.37%
Meadowlark Inpatient Services PLLC	46-5459434	0.10%
Medical Anesthesia Consultants Medical Group, Inc.	68-0117704	0.00%
Medicine Bow Inpatient Services, PLLC	47-1352394	0.21%
Mercy Miami Inpatient Services, LLC	47-4726253	0.20%
Middle CT Emergency Physicians, LLC	37-1696690	0.58%
Middle Georgia Inpatient Services, LLC	35-2593691	0.00%
MidHudson Emergency Physician Services, PLLC	47-4065557	0.28%
Milford Anesthesia Associates PC	06-1321877	0.43%
Milford Urgent Care Associates, PLLC	32-0374967	0.01%
Minnesota EM-I Medical Services, P.C.	75-2752019	0.00%
Mississippi EM-I Medical Services, P.C.	75-2744526	0.10%
Missouri EM-I Medical Services, P.C.	75-2750624	0.00%
Missouri IPS Medical Services, LLC	80-0844799	0.01%
MO-I Medical Services, LLC	90-0817869	0.02%
Monmouth Emergency Medical Associates, LLC	45-5282256	0.46%
Monterrey Village Inpatient Services, PLLC	32-0536120	0.21%
Morraine Hills Inpatient Services, LLC	38-4035370	0.07%
Morristown Emergency Medical Associates, LLC	26-4467460	1.07%
Mound City Inpatient Services, LLC	27-2906693	0.03%
Mount Elbert Inpatient Services, LLC	47-1553916	0.17%
Mount Thielsen Inpatient Services, LLC	47-1488819	0.14%
Mulbriar Emergency Physicians, LLC	35-2572146	0.10%
Myriad Emergency Physicians, LLC	30-0936975	1.52%
Nall Emergency Physicians, LLC	46-1355690	0.13%
Nashville Acute Trauma, PLLC	80-0920147	0.20%
NE Virginia Emergency Physicians, LLC	90-1030583	1.65%
Nebraska EM-I Medical Services PC	90-0955854	0.00%
Neptune Beach Surgical Specialists, LLC	81-4873915	0.04%
Nevada EM-I Silver/Homansky Medical Services, Professional Corp.	86-0888215	0.06%
New Hampshire EM-I Medical Services, P.C.	75-2825111	0.00%
New Jersey Outpatient Services, P.A.	47-3829739	0.01%
New Jersey/Pennsylvania EM-I Medical Services, P.C.	75-2756076	0.12%
New Mexico EM-I Medical Services, P.C.	75-2744519	0.05%
New York EM-I Medical Services, P.C.	75-2753126	0.42%
New York Outpatient Physician Services, P.C.	47-4653635	0.00%
Newark Beth Israel Emergency Medical Associates, LLC	46-1588948	0.61%
Newton Emergency Medical Associates, LLC	45-4376008	0.36%
Newton Inpatient Medical Associates, LLC	46-1641385	0.05%
NightRays, P.A.	20-2394827	0.50%
North Carolina EM-I Medical Services, P.C.	75-2756078	0.08%
North Highland Inpatient Services, a Medical Corporation	32-0483237	0.04%
North Pinellas Anesthesia Associates, PA	59-3073820	0.94%
North Texas Acute Surgical Specialists, PLLC	38-3891977	0.07%
Northwest Tucson Emergency Physicians, P.C.	86-0742962	0.00%
Nyack Emergency Medical Association, PLLC	20-5168942	0.57%
Odessa Acute Trauma, PLLC	80-0866906	0.16%
Odessa Orthopedic Associates, PLLC	80-0869562	0.03%
Ohio EM-I Medical Services	75-2739404	0.06%

Oklahoma EM-I Medical Services, P.C.	75-2743844	0.01%
Old Spanish Trail Emergency Physicians, PLLC	46-2888313	0.10%
OMFS Physicians of Athens PLLC	90-1019187	0.06%
Orange Park Acute Trauma, LLC	46-1365918	0.09%
Oregon EM-I Medical Services PC	26-4086622	0.03%
Oriole Acute Trauma, LLC	32-0440140	0.05%
Ospray Emergency Physicians, LLC	75-2882188	1.78%
Ouray Inpatient Services, PLLC	47-1360431	0.15%
Owascoag Emergency Physicians, LLC	81-5470843	0.11%
Owl Emergency Physicians, LLC	47-1195295	0.43%
PA Liberty St Emergency Physicians, LLC	30-0807536	0.34%
Panama City Inpatient Services, LLC	47-4942394	0.11%
Paper City Emergency Physicians, LLC	26-0456103	0.00%
Parkside Inpatient Services, PLLC	61-1767515	0.04%
Pasquotank River Inpatient Services, LLC	32-0546888	0.02%
Pathway Solutions, LLC	47-3804279	0.00%
Pertle Springs Emergency Physicians, LLC	81-3382941	0.06%
Phalarope Inpatient Services a Medical Corporation	35-2510293	0.00%
Phoenix Emergency Medicine of Broward, LLC	20-0492277	0.29%
Phoenix Obstetrics Gynecology, LLC	20-0492253	0.38%
Phoenix Pediatrics of Broward, LLC	20-0492296	0.30%
Pinnacle Mid-Atlantic Anesthesia Associates, PC	26-2343540	0.41%
Pinyon Emergency Physicians PC	45-2194103	0.13%
Plano Trauma Associates, PLLC	80-0868337	0.03%
Pleasant Smith Emergency Physicians, PLLC	46-3015396	0.05%
Plover Inpatient Services, LLC	37-1758435	0.24%
Pond Cypress Inpatient Services, LLC	82-1582677	0.16%
Poppy Drive Inpatient Services, PLLC	80-0963339	0.37%
Premier Emergency Physicians of California Medical Group, a professional Corp	37-1437692	0.00%
Preservation Park Emergency Physicians, LLC	45-4492354	0.13%
Purple Finch Inpatient Services, LLC	46-1621746	0.25%
Quandary Peak Inpatient Services, LLC	47-1360217	0.17%
Quarry State Finch Inpatient Services, LLC	46-1644496	0.14%
Queens Emergency Medical Associates, PLLC	47-1027429	1.04%
Questcare Acute Services, PLLC	26-4087736	0.02%
Questcare Community Clinic, PLLC	46-1941536	0.04%
Questcare DFW EM, PLLC	45-3541867	0.01%
Questcare EM Oklahoma, LLC	80-0894895	0.32%
Questcare Hospitalists Oklahoma, PLLC	36-4755119	0.17%
Questcare Hospitalists, PLLC	20-5036495	2.31%
Questcare Intensivists, PLLC	27-1072321	0.61%
Questcare Matrix, PLLC	45-5567952	0.28%
Questcare Medical Clinics, PLLC	46-3233444	0.51%
Questcare Medical Services, PLLC	75-2684562	3.50%
Questcare Obstetrics Colorado, LLC	46-1307142	0.09%
Questcare Obstetrics of Illinois, LLC	38-4010739	0.05%
Questcare Obstetrics, PLLC	26-1475093	0.43%
Questcare Pulmonary Consultants, PLLC	45-5388079	0.13%
Questcare Specialty Obstetrics, PLLC	45-1795588	0.02%
Questcare Telehealth Neurology, PLLC	30-0732950	0.03%
Questcare West Texas, PLLC	26-2051133	0.00%
Rahway Emergency Medical Associates, LLC	27-1409294	0.26%
Rainbow Shower Inpatient Services, LLC	46-4565633	0.29%
Rainier Emergency Physicians, LLC	47-1352215	0.12%
Ramsey Inpatient Physicians, PLLC	61-1433919	0.45%
Ray Hubbard Emergency Physicians, PLLC	20-0481876	0.31%
Red Mountain Emergency Physicians, LLC	47-1373634	0.24%
Red Rose Emergency Physicians, LLC	51-0463633	0.05%
Redland Ridge Inpatient Services, PLLC	61-1849339	0.09%
Redstart Medical Practices, LLC	46-5715333	0.07%
Reelfoot Lake Inpatient Services, PLLC	46-3663485	0.01%
Reliance Orthopedic and Sports Medicine, PLLC	32-0469239	0.07%
Remington Emergency Physicians, PLLC	82-3374591	0.01%
Richmond Ave Inpatient Services, PLLC	46-4235407	0.05%
Richmond Emergency Medical Association, PLLC	26-0706037	0.43%
Ridge & Valley Inpatient Services, PLLC	46-3890019	0.03%
River Branch Emergency Physicians, LLC	90-1026260	0.00%
River Peak Inpatient Services, LLC	47-1431803	0.06%
River Watch Acute Trauma, LLC	46-4557262	0.01%
Riverbank Inpatient Medical Associates, LLC	81-4794560	0.73%
Running Brook Emergency Physicians, LLC	46-1644868	0.17%

Running Buffalo Clover Emergency Physicians, PLLC	46-1394804	0.01%
Saint Barnabas Emergency Medical Associates, LLC	45-4908227	1.05%
Salt Lake Trauma Specialists, PLLC	37-1808234	0.07%
Scenic Drive Inpatient Services, LLC	27-2382784	0.15%
Scottsdale Emergency Associates, Ltd.	86-0593131	1.18%
Shadow Emergency Physicians, LLC	75-2807737	2.24%
Shearer Hills Inpatient Services, PLLC	30-0995213	0.10%
Sherman Inpatient Services, LLC	47-1409615	0.10%
Shooting Star Inpatient Services, PLLC	46-4286729	0.10%
Sierra Estrellas Emergency Physicians, LLC	81-5108515	0.00%
Solomon Emergency Physicians, PLLC	27-2819735	0.16%
Somerset Emergency Medical Associates, LLC	20-0899178	0.55%
South Carolina EM1 Medical Svc	75-2838270	0.17%
South Loop Inpatient Services, PLLC	30-0887230	0.00%
Southern Bank Emergency Physicians, LLC	27-0316042	0.29%
Sparrow Emergency Physicians, PLLC	47-1341811	0.06%
Spencer Highway Emergency Physicians, PLLC	46-3027619	0.21%
SSNT, PLLC	37-1706013	0.02%
Starlight Inpatient Services, a Medical Corporation	90-0834002	0.47%
Steepletop Creek Inpatient Services, PLLC	82-4569530	0.21%
Stewards Inpatient Services, LLC	26-4022339	0.07%
Stiles Road Emergency Physicians, LLC	46-2334077	0.03%
Stone Fort Inpatient Services, PLLC	61-1808699	0.09%
Sunapee Inpatient Services, LLC	47-1441511	0.06%
Sunbeam Point Emergency Physicians, LLC	47-1360324	0.37%
Sunrise Inpatient Services, LLC	82-2432521	0.00%
Sutherland Emergency Physicians, LLC	37-1825471	0.28%
Tennessee EM-I Medical Services, P.C.	75-2741487	0.18%
Texas Emergency Room Services, P.A.	43-1020348	0.00%
Texas EM-I Medical Services, P.A.	75-2744538	1.55%
Texas IPS Medical Services PA	90-0984804	0.00%
Tidal Emergency Physicians, LLC	75-2762752	0.25%
Timber Loop Emergency Physicians, PLLC	46-3039459	0.18%
Torbert Emergency Physicians, LLC	47-1454448	0.34%
Tradewinds Park Inpatient Services, LLC	45-4772045	0.13%
Truchas Inpatient Services, LLC	47-1468908	0.18%
Turlock Inpatient Services, a Medical Corporation	30-0894365	0.26%
Twilight Peak Psych Services, LLC	47-1479301	0.07%
Two Rivers Emergency Physicians, PLLC	46-3901187	0.53%
TX Radiology Medical Services PA	90-0988439	0.03%
TX-I Medical Services PA	38-3906905	0.43%
Union Emergency Medical Associates, LLC	26-2307339	0.33%
Valencia Emergency Physicians, LLC	47-2158728	0.50%
Valley Grove Inpatient Services, PLLC	46-3651244	0.05%
Van Hook Inpatient Services, LLC	46-0997776	0.37%
Velasco Inpatient Services, PLLC	27-4976722	0.04%
Vermillion River Inpatient Services, LLC	37-1749822	0.01%
Vestal Inpatient Services, LLC	47-1565865	0.15%
Virginia Emergency Physicians, PC	45-2151757	0.09%
Virginia EM-I Medical Services, P.C.	75-2744518	0.01%
Wabash EM-I Med Services, PC	20-3996808	0.41%
Washington EM-I Medical Services, P.C.	75-2791687	0.05%
Waterloo Park Inpatient Services, PLLC	38-3915212	0.38%
Waynesburg Inpatient Services, LLC	47-5273351	0.03%
Wheeler Peak Emergency Physicians, LLC	47-1381670	0.20%
Whipple Tree Emergency Physicians, LLC	30-0801331	1.09%
WHS Inpatient Services, PLLC	46-3773184	0.25%
Why Weight Bariatrics, PLLC	37-1862747	0.01%
Williamsburg Inpatient Services, LLC	82-5519324	0.00%
Winamac Emergency Physicians, LLC	26-3700799	0.07%
Wind River Emergency Physicians, LLC	47-1441273	0.24%
Wisconsin EM-I Medical Services, S.C.	75-2791734	0.01%
Yosemite Inpatient Services, a Medical Corporation	36-4767148	0.37%

Associated Physicians' Retirement Plan
Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information
December 31, 2018

EIN: 75-2744538
Plan Number: 001

Received By Charles Schwab & Co., Inc. (EIN: 94-1737782)

Fund Family/Provider	EIN	Formula
1919 Funds	Not Available	Rate of 0.40% of average daily balance of asset(s)
361 Funds	Not Available	Rate of 0.10% of average daily balance of asset(s)
Aberdeen	51-0368279	Rate of 0.10% of average daily balance of asset(s)
Akre	54-1968332	Rate of 0.40% of average daily balance of asset(s)
AllianceBernstein	13-3191825	Rate of 0.40% of average daily balance of asset(s)
Allianz Funds	06-1349805	Range of 0.02 - 0.40% of average daily balance of assets
Allied Asset	Not Available	Rate of 0.40% of average daily balance of asset(s)
ALPS	84-0996383	Rate of 0.10% of average daily balance of asset(s)
Amana	35-6447892	Rate of 0.40% of average daily balance of asset(s)
American Century Investments	43-0821857	Rate of 0.35% of average daily balance of asset(s)
American Funds	95-1411037	Range of 0.05 - 0.65% of average daily balance of assets
AMG Funds	06-1555943	Range of 0.09 - 0.40% of average daily balance of assets
Angel Oak	Not Available	Range of 0.10 - 0.40% of average daily balance of assets
AQR Funds	Not Available	Range of 0.10 - 0.40% of average daily balance of assets
Ariel Investments	Not Available	Rate of 0.40% of average daily balance of asset(s)
Artisan	39-1811840	Rate of 0.40% of average daily balance of asset(s)
Azzad Fund	Not Available	Rate of 0.40% of average daily balance of asset(s)
Baird	39-6037917	Rate of 0.27% of average daily balance of asset(s)
Baron Capital Group	13-3107580	Range of 0.09 - 0.40% of average daily balance of assets
BBH	36-4469928	Rate of 0.40% of average daily balance of asset(s)
BlackRock	04-6171663	Range of 0.06 - 0.50% of average daily balance of assets
Bridgeway	Not Available	Rate of 0.10% of average daily balance of asset(s)
Brown Advisory Funds	52-1952888	Rate of 0.40% of average daily balance of asset(s)
Buffalo	Not Available	Rate of 0.40% of average daily balance of asset(s)
Calamos	36-3316238	Range of 0.40 - 0.45% of average daily balance of assets
Calvert Investments	Not Available	Rate of 0.40% of average daily balance of asset(s)
Carillon Family of Funds	59-2385219	Rate of 0.40% of average daily balance of asset(s)
Clarkston Funds	Not Available	Rate of 0.10% of average daily balance of asset(s)
Clipper Fund	65-3893011	Rate of 0.46% of average daily balance of asset(s)
Cohen & Steers	14-1904657	Range of 0.10 - 0.45% of average daily balance of assets
Columbia	93-0577450	Range of 0.35 - 0.50% of average daily balance of assets
Conestoga Capital Advisors	Not Available	Rate of 0.40% of average daily balance of asset(s)
Credit Suisse (New York, NY)	Not Available	Rate of 0.40% of average daily balance of asset(s)
DoubleLine	Not Available	Range of 0.15 - 0.40% of average daily balance of assets
Dreyfus	Not Available	Rate of 0.35% of average daily balance of asset(s)
DWS	13-3241232	Range of 0.10 - 0.29% of average daily balance of assets
Eaton Vance	04-2718215	Range of 0.07 - 0.45% of average daily balance of assets
Eventide Funds	Not Available	Rate of 0.40% of average daily balance of asset(s)
Fairholme	22-3526594	Rate of 0.10% of average daily balance of asset(s)
Federated	25-1111467	Rate of 0.40% of average daily balance of asset(s)
Fidelity Investments	06-1194217	Rate of 0.10% of average daily balance of asset(s)
First Eagle	13-3392291	Rate of 0.40% of average daily balance of asset(s)
FMI Funds	39-1861095	Range of 0.10 - 0.40% of average daily balance of assets
FPA	04-3118452	Rate of 0.06% of average daily balance of asset(s)
Franklin Templeton Investments	94-3167260	Range of 0.15 - 0.40% of average daily balance of assets
Fuller & Thaler	Not Available	Rate of 0.10% of average daily balance of asset(s)
Gabelli	13-3340139	Range of 0.35 - 0.40% of average daily balance of assets
Glenmede	Not Available	Rate of 0.40% of average daily balance of asset(s)
Goldman Sachs	Not Available	Rate of 0.10% of average daily balance of asset(s)

Associated Physicians' Retirement Plan
Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information
December 31, 2018

EIN: 75-2744538
Plan Number: 001

Received By Charles Schwab & Co., Inc. (EIN: 94-1737782)

Fund Family/Provider	EIN	Formula
Gotham	Not Available	Range of 0.10 - 0.40% of average daily balance of assets
Guggenheim Investments	Not Available	Range of 0.10 - 0.40% of average daily balance of assets
Harbor	04-2679462	Rate of 0.43% of average daily balance of asset(s)
Hennessy	68-0377264	Rate of 0.40% of average daily balance of asset(s)
Hussman Funds	Not Available	Rate of 0.06% of average daily balance of asset(s)
Invesco	58-2287224	Rate of 0.50% of average daily balance of asset(s)
IVA Funds	Not Available	Rate of 0.10% of average daily balance of asset(s)
Ivy Funds	04-6006759	Rate of 0.50% of average daily balance of asset(s)
Janus Henderson	43-1804048	Range of 0.10 - 0.35% of average daily balance of assets
Jensen	93-0978027	Range of 0.10 - 0.40% of average daily balance of assets
John Hancock	04-3483032	Range of 0.10 - 0.50% of average daily balance of assets
JPMorgan	13-2624428	Range of 0.07 - 0.50% of average daily balance of assets
Laudus Funds	94-3106735	Range of 0.10 - 0.25% of average daily balance of assets
Lazard	Not Available	Rate of 0.40% of average daily balance of asset(s)
Legg Mason	Not Available	Range of 0.10 - 0.50% of average daily balance of assets
Litman Gregory Masters Funds	Not Available	Rate of 0.40% of average daily balance of asset(s)
Lord Abbett	13-3731507	Range of 0.10 - 0.34% of average daily balance of assets
Lyrical	Not Available	Rate of 0.10% of average daily balance of asset(s)
Madison Funds	54-1815009	Rate of 0.40% of average daily balance of asset(s)
MainGate Trust	Not Available	Rate of 0.40% of average daily balance of asset(s)
Mairs & Power	23-2398112	Rate of 0.10% of average daily balance of asset(s)
Marsico Investment Fund	Not Available	Rate of 0.50% of average daily balance of asset(s)
Matthews Asia Funds	94-3250972	Rate of 0.40% of average daily balance of asset(s)
Metropolitan West Funds	95-4597302	Rate of 0.35% of average daily balance of asset(s)
MFS	04-3253929	Range of 0.40 - 0.45% of average daily balance of assets
Miller Value Funds	Not Available	Rate of 0.40% of average daily balance of asset(s)
Monetta	36-3280018	Rate of 0.40% of average daily balance of asset(s)
Morgan Stanley	36-3145972	Rate of 0.40% of average daily balance of asset(s)
Motley Fool	54-1742975	Rate of 0.40% of average daily balance of asset(s)
Nationwide	31-4177100	Rate of 0.40% of average daily balance of asset(s)
Natixis Funds	52-2257782	Range of 0.07 - 0.40% of average daily balance of assets
Neuberger Berman	13-3216325	Range of 0.29 - 0.50% of average daily balance of assets
Nicholas	Not Available	Rate of 0.36% of average daily balance of asset(s)
Northern Funds	36-3608252	Range of 0.10 - 0.40% of average daily balance of assets
Nuveen	36-3817266	Rate of 0.40% of average daily balance of asset(s)
Oakmark	52-2257782	Rate of 0.35% of average daily balance of asset(s)
Oberweis	Not Available	Rate of 0.40% of average daily balance of asset(s)
OppenheimerFunds	13-2527171	Range of 0.40 - 0.50% of average daily balance of assets
Parnassus	94-6579180	Range of 0.10 - 0.40% of average daily balance of assets
Pear Tree Funds	Not Available	Rate of 0.10% of average daily balance of asset(s)
PGIM Funds (Prudential)	Not Available	Range of 0.10 - 0.25% of average daily balance of assets
Pioneer Investments	13-5657669	Range of 0.35 - 0.60% of average daily balance of assets
PNC Funds	Not Available	Rate of 0.10% of average daily balance of asset(s)
Price Asset Management	Not Available	Rate of 0.10% of average daily balance of asset(s)
PRIMECAP Odyssey Funds	95-3868081	Rate of 0.08% of average daily balance of asset(s)
Principal Funds	42-1520346	Range of 0.10 - 0.40% of average daily balance of assets
ProFunds	52-2035197	Rate of 0.40% of average daily balance of asset(s)
Putnam	36-4488942	Rate of 0.20% of average daily balance of asset(s)
Robeco Investment Funds	Not Available	Range of 0.10 - 0.40% of average daily balance of assets

Associated Physicians' Retirement Plan
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Fund Family/Provider	EIN	Formula
Royce	52-2343049	Rate of 0.45% of average daily balance of asset(s)
Schwab Funds	94-3106735	Range of 0.02 - 0.44% of average daily balance of assets
Seafarer Funds	Not Available	Rate of 0.10% of average daily balance of asset(s)
Selected Funds	Not Available	Rate of 0.40% of average daily balance of asset(s)
Shelton Capital Management	Not Available	Range of 0.10 - 0.50% of average daily balance of assets
SMI Funds	Not Available	Rate of 0.10% of average daily balance of asset(s)
Stone Ridge Funds	Not Available	Rate of 0.10% of average daily balance of asset(s)
T. Rowe Price	52-2264646	Range of 0.15 - 0.40% of average daily balance of assets
TCW	95-2749628	Range of 0.10 - 0.40% of average daily balance of assets
The Pacific Financial Group	Not Available	Rate of 0.25% of average daily balance of asset(s)
Third Avenue	01-0690900	Rate of 0.50% of average daily balance of asset(s)
Thornburg	Not Available	Rate of 0.10% of average daily balance of asset(s)
TIAA Investments	13-1624203	Range of 0.30 - 0.39% of average daily balance of assets
Tocqueville	13-3549887	Rate of 0.40% of average daily balance of asset(s)
Tortoise Capital Advisors	Not Available	Rate of 0.40% of average daily balance of asset(s)
U.S. Global Investors	74-1619375	Rate of 0.40% of average daily balance of asset(s)
USAA	74-0959140	Range of 0.10 - 0.25% of average daily balance of assets
Versus Capital	Not Available	Rate of 0.10% of average daily balance of asset(s)
Victory	Not Available	Rate of 0.35% of average daily balance of asset(s)
Virtus	95-4191764	Rate of 0.45% of average daily balance of asset(s)
Wasatch	87-0319391	Rate of 0.40% of average daily balance of asset(s)
WCM Investment Management	Not Available	Rate of 0.40% of average daily balance of asset(s)
Wells Fargo Funds	41-0449260	Range of 0.06 - 0.10% of average daily balance of assets
Westchester Capital	Not Available	Rate of 0.10% of average daily balance of asset(s)
Wilshire Mutual Funds	95-2755361	Rate of 0.40% of average daily balance of asset(s)

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

NAME OF PLAN SPONSOR: Texas EM-I Medical Services, P.A.
NAME OF PLAN: Associated Physicians' Retirement Plan
EIN: 75-2744538
PLAN NUMBER: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	PARTICIPANT LOANS	Loans (3.75% - 10.25%)		5,573,501

* Party-in-interest