

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 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC EMPLOYEES' SAVINGS AND RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>06/01/1998</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>06/01/1998</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>06/01/1998</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC</u> <u>6484 FORT CAROLINE ROAD</u> <u>JACKSONVILLE, FL 32277</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>54-2113873</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>904-744-7300</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621111</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>54-2113873</u>	2c Plan Sponsor's telephone number <u>904-744-7300</u>	2d Business code (see instructions) <u>621111</u>	
2b Employer Identification Number (EIN) <u>54-2113873</u>					
2c Plan Sponsor's telephone number <u>904-744-7300</u>					
2d Business code (see instructions) <u>621111</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2015	JEFFREY F SCALES
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 350
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 339 6a(2) 348 6b 0 6c 20 6d 368 6e 2 6f 370 6g 140 6h 6
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 2T 3D 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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC EMPLOYEES' SAVINGS AND RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC	D Employer Identification Number (EIN) 54-2113873

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AMERICAN FUNDS
95-1411037

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
COLUMBIA
93-0577450

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
DIAMOND HILL FUNDS
31-6547095

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GOLDMAN SACHS
13-5108880

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

JANUS

43-1804048

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

OAKMARK

04-3276558

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

OPPENHEIMER FUNDS

13-2527171

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

DELAWARE INVESTMENTS

23-2693133

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

FRANKLIN TEMPLETON INVESTMENTS

94-3167260

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

RIDGEWORTH

58-1604573

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

AMERICAN CENTURY INVESTMENTS

44-6006315

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

INVESCO

58-2287224

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

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

WELLS FARGO BANK, N.A.

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 49 50 52 60 62 64	SERVICE PROVIDER	31544	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

WELLS FARGO ADVISORS ISG

56-0898180

(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?
27 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	18717	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WELLS FARGO ADVISORS ISG	27 52	18717

(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.
WELLS FARGO BANK, N.A. 94-1347393	75 BPS

(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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2014 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC EMPLOYEES' SAVINGS AND RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC</u>	D Employer Identification Number (EIN) <u>54-2113873</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STABLE RETURN FUND N</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>41-6202499-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>373070</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>S&P MIDCAP INDEX FUND N</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>52-2265235-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12753</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>S&P 500 INDEX FUND N</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>94-3224211-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>250974</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC EMPLOYEES' SAVINGS AND RETIREMENT PLAN</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC</u>		D Employer Identification Number (EIN) <u>54-2113873</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)		
	(2) Participant contributions.....	1b(2)		
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common.....	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property).....	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans.....	1c(8)	41560	82659
	(9) Value of interest in common/collective trusts	1c(9)	596386	636797
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities.....	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	1823649	1951410
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2461595	2670866

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2461595	2670866
---	-----------	---------	---------

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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	49726	
(B) Participants	2a(1)(B)	330488	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		380214

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)	2551	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2551

(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)	91207	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		91207

(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)		35695
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		23784
c Other income.....	2c		-8
d Total income. Add all income amounts in column (b) and enter total.....	2d		533443

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	272726	
(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)		272726
f Corrective distributions (see instructions).....	2f		3854
g Certain deemed distributions of participant loans (see instructions).....	2g		-3134
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	50726	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		50726
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		324172

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		209271
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: HOWARD & COMPANY CPAS,PA

(2) EIN: 47-0916323

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

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

Part IV Compliance Questions

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

During the plan year:

- a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		200000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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 section 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 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC EMPLOYEES' SAVINGS AND RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC</u>	D Employer Identification Number (EIN) <u>54-2113873</u>

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	<u>0</u>
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): <u>41-6257133</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

INDEPENDENT AUDITOR'S REPORT

TO THE TRUSTEES
FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC
EMPLOYEES' SAVINGS AND RETIREMENT PLAN

Report on the Financial Statements

We were engaged to audit the accompanying financial statements and supplemental information of Family Care Partners of Northeast Florida, LLC Employees' Savings and Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013 and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Wells Fargo Institutional Retirement and Trust, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the

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Certified Public Accountants*

*Florida Institute of
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custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2014 and 2013, that the information provided to the Plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment purposes, which are the responsibility of Plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

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

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

Howard & Company, CPAs, P.A.

Jacksonville, Florida
October 8, 2015

**FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC
EMPLOYEES' SAVINGS AND RETIREMENT PLAN**

FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC
EMPLOYEES' SAVINGS AND RETIREMENT PLAN

FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

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INDEPENDENT AUDITOR'S REPORT

TO THE TRUSTEES
FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC
EMPLOYEES' SAVINGS AND RETIREMENT PLAN

Report on the Financial Statements

We were engaged to audit the accompanying financial statements and supplemental information of Family Care Partners of Northeast Florida, LLC Employees' Savings and Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013 and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Wells Fargo Institutional Retirement and Trust, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the

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custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2014 and 2013, that the information provided to the Plan administrator by the custodian is complete and accurate.

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

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment purposes, which are the responsibility of Plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

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

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

Howard & Company, CPAs, P.A.

Jacksonville, Florida
October 8, 2015

FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC
EMPLOYEES' SAVINGS AND RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS

	December 31,	
	2014	2013
INVESTMENTS, AT FAIR VALUE		
Common collective trusts	\$ 636,797	\$ 596,386
Registered investment companies	1,951,410	1,823,649
	<u>2,588,207</u>	<u>2,420,035</u>
RECEIVABLES:		
Employer contribution receivable	-	1,688
Notes receivable from participants	82,659	41,560
	<u>82,659</u>	<u>43,248</u>
TOTAL ASSETS	<u>2,670,866</u>	<u>2,463,283</u>

LIABILITIES

Excess contributions payable	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 2,670,866</u>	<u>\$ 2,463,283</u>

FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC
EMPLOYEES' SAVINGS AND RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

	Contributions Receivable	Notes Receivable From Participant Loans	Participant- directed Investment Funds	2014 Total	2013 Total
ADDITIONS					
Contributions					
Participants	\$ -	\$ -	\$ 330,488	\$ 330,488	\$ 253,541
Employer, net of forfeitures	(1,688)	-	49,726	48,038	43,413
Rollovers	-	-	-	-	-
Participant loans	-	65,073	23,974	89,047	53,059
Dividends and interest	-	-	2,551	2,551	1,673
Other income	-	-	(8)	(8)	17,872
Net appreciation in fair market value of investments	-	-	150,685	150,685	336,971
Total additions	<u>(1,688)</u>	<u>65,073</u>	<u>557,416</u>	<u>620,801</u>	<u>706,529</u>
DEDUCTIONS					
Benefits paid to participants	-	-	272,726	272,726	188,984
Expenses and fees	-	-	50,726	50,726	46,230
Corrective distributions	-	-	3,854	3,854	-
Participant loans	-	23,974	61,938	85,912	53,059
Net depreciation in fair market value of investments	-	-	-	-	-
Total deductions	<u>-</u>	<u>23,974</u>	<u>389,244</u>	<u>413,218</u>	<u>288,273</u>
NET INCREASE					
PRIOR TO INTERFUND TRANSFERS	<u>(1,688)</u>	<u>41,099</u>	<u>168,172</u>	<u>207,583</u>	<u>418,256</u>
Transfers in	-	-	90,526	90,526	1,314,707
Transfers out	<u>-</u>	<u>-</u>	<u>(90,526)</u>	<u>(90,526)</u>	<u>(1,314,707)</u>
	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
NET INCREASE	(1,688)	41,099	168,172	207,583	418,256
NET ASSETS AVAILABLE FOR PLAN BENEFITS					
Beginning of year	<u>1,688</u>	<u>41,560</u>	<u>2,420,035</u>	<u>2,463,283</u>	<u>2,045,027</u>
End of year	<u>\$ -</u>	<u>\$ 82,659</u>	<u>\$ 2,588,207</u>	<u>\$ 2,670,866</u>	<u>\$ 2,463,283</u>

See independent auditor's report and notes to financial statements.

Page 4

FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC
EMPLOYEES' SAVINGS AND RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN

The following description of the Family Care Partners of Northeast Florida, LLC Employees' Savings and Retirement Plan provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan (401(k)) covering all full time employees who have satisfied eligibility requirements which include six (6) months of service and no minimum age requirement. The Plan is intended to comply with Section 404(c) of ERISA (The Employee Retirement Income Security Act of 1974).

Contributions

Each year participants may contribute a percentage of their compensation, not to exceed a certain dollar limit which is set by law. The Plan Sponsor (Family Care Partners of Northeast Florida, LLC) contributes a discretionary matching contribution equal to a uniform percentage of the amount of the salary reduction up to 4% of total payroll compensation. In addition, the Plan Sponsor shall have the right to make additional discretionary contributions which shall be allocated to each eligible employee in proportion to their compensation as a percentage of the compensation of all eligible employees. Contributions are subjected to limitations. Participants direct the investment of contributions made by them on their behalf to the Plan.

Participant Accounts

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

FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC
EMPLOYEES' SAVINGS AND RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

1. **DESCRIPTION OF PLAN** – (Continued)

Vesting Participants

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after six (6) years of credited service, based on the six (6) year graded provision of the Plan. However, a participant is 100% vested upon early or normal retirement age. The vesting schedule is as follows:

<u>Years of Service</u>	<u>Vesting %</u>
Less than 2 years	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Distributions

On termination of service due to death, disability or retirement, participants are entitled to 100% of their account balance. On termination of service due to other reasons, a participant may receive the value of their vested balance.

Expenses and Fees

Expenses and fees associated with the Plan are paid with Plan assets. Such expenses and fees include the compensation of investment managers, brokers' fees, and costs related to Plan administration. During the years ended December 31, 2014 and 2013, expenses and fees were \$50,726 and \$46,230, respectively. Fees associated with the audit for the Plan were paid by the Plan Sponsor and are not included in expense in these financial statements.

FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC
EMPLOYEES' SAVINGS AND RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

1. **DESCRIPTION OF PLAN** – (Continued)

Forfeited Accounts

Forfeited non-vested accounts totaled \$51 and \$16,285 for the years ended December 31, 2014 and 2013, respectively. These accounts will be used to offset administrative expenses of the Plan. If forfeitures exceed these expenses, forfeitures shall be applied to reduce the Employer's contribution to the Plan.

Participant Loans

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest at reasonable rates which are commensurate with local prevailing rates as determined by the Plan administrator.

2. **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting

The Plan uses the accrual method of accounting. Under this method of accounting, contributions to the Plan are recognized when approved by the Employer. Revenues are recognized when earned, and expenses are recognized when incurred.

Use of Estimates

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

Investment Valuation

The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at quoted market prices which represent the net asset value held by the Plan at year-end.

FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC
EMPLOYEES' SAVINGS AND RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – (Continued)

Risks and Uncertainties

The Plan provides for various investment options. Investment securities are exposed to various risks, such as interest rate fluctuations, market changes and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of these 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.

3. PLAN TERMINATION

Although it has no intention to do so, the Plan Sponsor has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. Participants are 100% vested in their account balances from the date of participation to termination by the company.

4. TAX STATUS

The Internal Revenue Service has determined and informed the Plan Sponsor by a letter dated September 4, 2001, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC. The Plan is subject to taxation in the United States of America and tax years 2011, 2012, 2013, and 2014 are open for possible review by taxing authorities.

5. CONCENTRATION OF CREDIT RISK

Plan assets are currently held by a single financial institution. Contributions receivable from Plan participants as of December 31, 2014 and 2013 was \$-0-. Contributions receivable from the Plan Sponsor as of December 31, 2014 and 2013 were \$-0- and \$1,688.

FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC
EMPLOYEES' SAVINGS AND RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

6. INVESTMENTS

All of the Plan's investments are held and invested by Wells Fargo Institutional Retirement and Trust and allocated based on each participant's election. Investment-related information relative to investment balances and transactions has been derived from information certified as accurate and complete by the Plan's Custodian, in accordance with Section 2520.103-5 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. A schedule of investments that account for 5% or more of the total investment balance as of December 31, 2014 and 2013 are as follows:

	December 31,	
	2014	2013
WF S&P 500 Index Fund	\$ 250,974	\$ 206,221
WF Stable Return Fund	373,070	384,448
Janus Triton Fund	-	98,912
Wells Fargo Dow Jones Target 2015	172,315	146,897
Wells Fargo Dow Jones Target 2020	156,810	105,532
Wells Fargo Dow Jones Target 2025	261,620	343,596
Wells Fargo Dow Jones Target 2035	747,378	667,040
Wells Fargo Adv Growth Fund	-	95,345
	<u>\$ 1,962,167</u>	<u>\$ 2,047,991</u>

7. FAIR VALUE MEASUREMENTS

Fair value as defined under generally accepted account principles ("GAAP") is an exit price, representing the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. GAAP establishes a three-tier fair value hierarchy, which prioritize the inputs used in measuring fair value.

These tiers include:

- Level 1: Observable inputs such as quoted prices in active markets.
- Level 2: Inputs other than quoted prices in active markets that are either directly or indirectly observable.
- Level 3: Unobservable inputs about which little or no market data exists, therefore requiring an entity to develop its own assumptions.

FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC
EMPLOYEES' SAVINGS AND RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

7. **FAIR VALUE MEASUREMENTS** – (Continued)

The fair values of Level 1 investments are determined from quoted prices in an active market for identical assets. When quoted prices are available in active markets for identical instruments, investment securities are classified within Level 1 of the fair value hierarchy. Level 1 investments are mutual funds from registered investment companies where fair value is the net asset value ("NAV") of shares held by the plan at year end.

The fair values of Level 2 investments are determined from inputs other than quoted prices in active markets that are directly or indirectly observable. Level 2 investments are common collective trusts. One investment within this category is the Wells Fargo Stable Return Fund. This fund does not invest directly in fully benefit-responsive contracts, and therefore are not required to include in the financial statements the disclosure requirements for stable value investment funds. The estimated fair value is net asset value, exclusive of the adjustment to contract value. The use of net asset value is deemed appropriate as the collective trust funds do not have finite lives, unfunded commitments relating to these types of investments, or significant restrictions on redemptions. Valuation of the remaining investments in collective funds is based on NAV. The unit value of an underlying fund is calculated by dividing the fund's NAV on the calculation date by the number of units of the fund that are outstanding on the calculation date. The collective funds have the ability to redeem its investment in the underlying fund at NAV per unit at the valuation date. Accordingly, investment in these collective funds are classified as Level 2.

FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC
EMPLOYEES' SAVINGS AND RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

7. **FAIR VALUE MEASUREMENTS** – (Continued)

The following tables set forth by level within the fair value hierarchy the Plan's assets accounted for at fair value on a recurring basis as of December 31, 2014 and 2013.

Fair Value as of December 31, 2014

		Fair Value	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Registered Investment Companies:					
Aggressive growth funds	(a)	\$ 104,254	\$ 104,254	\$ -	\$ -
Growth funds	(b)	131,753	131,753	-	-
Growth and income funds	(c)	47,991	47,991	-	-
Income funds	(d)	89,980	89,980	-	-
Target date funds	(e)	1,577,432	1,577,432	-	-
		<u>1,951,410</u>	<u>1,951,410</u>	<u>-</u>	<u>-</u>
Common Collective Trusts:					
Aggressive growth funds	(a)	263,727	-	263,727	-
Stable return funds		373,070	-	373,070	-
		<u>636,797</u>	<u>-</u>	<u>636,797</u>	<u>-</u>
		<u>\$ 2,588,207</u>	<u>\$ 1,951,410</u>	<u>\$ 636,797</u>	<u>\$ -</u>

FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC
EMPLOYEES' SAVINGS AND RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

7. **FAIR VALUE MEASUREMENTS** – (Continued)

Fair Value as of December 31, 2013

		Fair Value	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Registered Investment Companies:					
Aggressive growth funds	(a)	\$ 113,223	\$ 113,223	\$ -	\$ -
Growth funds	(b)	120,895	120,895	-	-
Growth and income funds	(c)	44,765	44,765	-	-
Income funds	(d)	84,026	84,026	-	-
Target date funds	(e)	1,460,740	1,460,740	-	-
		<u>1,823,649</u>	<u>1,823,649</u>	<u>-</u>	<u>-</u>
Common Collective Trusts:					
Aggressive growth funds	(a)	211,938		211,938	-
Stable return funds		384,448	-	384,448	-
		<u>596,386</u>	<u>-</u>	<u>596,386</u>	<u>-</u>
		<u>\$ 2,420,035</u>	<u>\$ 1,823,649</u>	<u>\$ 596,386</u>	<u>\$ -</u>

(a) These funds seek long-term growth of capital.

(b) These funds seek capital appreciation.

(c) These funds seek current income with capital appreciation.

(d) These funds seek to maximize long-term total return consistent with reasonable risk, seeks high income and secondarily total return, and total return that corresponds to the total return of the S&P SmallCap 600.

(e) These funds seek to approximate the total return of the Dow Jones Target.

FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC
EMPLOYEES' SAVINGS AND RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits according to the financial statements as compared to Form 5500 at December 31, 2013:

Net assets available for benefits per the financial statements	\$ 2,463,283
Less: employer contribution receivable	(1,688)
Net assets available for benefits per Form 5500, Schedule H, Part I, Line I	<u>\$ 2,461,595</u>

The following is a reconciliation of contributions according to the financial statements as compared to Form 5500 at December 31, 2014 and 2013:

	2014	2013
Total contributions per the financial statements	\$ 378,526	\$ 296,954
Plus: prior year employer contribution receivable	1,688	1,073
Less: employer contribution receivable	-	(1,688)
Total contributions per Form 5500, Schedule H, Part II, Line 1(a)(b)	<u>\$ 380,214</u>	<u>\$ 296,339</u>

9. CERTIFIED INVESTMENTS

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Investments held at December 31, 2014 and 2013 including investment information related to the 401(k) account (see Note 6), that is disclosed in the accompanying financial statements and supplemental schedules, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the custodian of the Plan.

10. PROHIBITED TRANSACTIONS

The Plan Sponsor inadvertently failed to deposit \$256 and \$1,286 of participant deferrals in 2014 and 2013, respectively, within the required timeframe as stated by the United States Department of Labor (DOL). The DOL considers such late deposits to be prohibited transactions. The Plan Sponsor is required to file Form 5330 and pay applicable excise taxes. The excise tax payments will be made from the Plan Sponsor's assets rather than from assets of the Plan. Management estimates that the lost income associated with the delay in contribution amounts to \$7 and \$69 for the years ending December 31, 2014 and 2013, respectively

FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC
EMPLOYEES' SAVINGS AND RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

11. SUBSEQUENT EVENTS

The date to which events occurring after December 31, 2014, the date of the most recent balance sheet, have been evaluated for possible adjustment to the financial statements or disclosure is October 9, 2015, which is the date on which the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

**INDEPENDENT AUDITOR'S REPORT
ON SUPPLEMENTAL INFORMATION**

TO THE TRUSTEES
FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC
EMPLOYEES' SAVINGS AND RETIREMENT PLAN

Our audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The statement of assets held for investment purposes at the end of the year, referred to as "supplemental information," is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Security Act of 1974. This supplemental information is the responsibility of the Plan's management.

Howard & Company, CPAs, P.A.

Jacksonville, Florida
October 9, 2015

*American Institute of
Certified Public Accountants*

*Florida Institute of
Certified Public Accountants*

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FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC
EMPLOYEES' SAVINGS AND RETIREMENT PLAN
EIN: 54-2113873 PLAN NUMBER: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
HELD FOR INVESTMENT PURPOSES
AT DECEMBER 31, 2014

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Delaware Diversified Income Inst	Mutual fund	\$ -	\$ 20,404
*	WF S&P MidCap Index Fund	Common Collective Funds	-	12,753
*	WF S&P 500 Index Fund	Common Collective Funds	-	250,974
*	WF Stable Return Fund	Common Collective Funds	-	373,070
	American Century Equity Income	Mutual fund	-	46,820
	American Funds EuroPac Grth	Mutual fund	-	12,018
	Columbia Small Cap Index	Mutual fund	-	62,390
	Diamond Hill Small Cap	Mutual fund	-	9,045
	Goldman Sachs Growth Opp Fd	Mutual fund	-	1,700
	Invesco Intl Grth FD R5	Mutual fund	-	1,078
	Janus Triton Fund	Mutual fund	-	89,458
	Oakmark International Fd	Mutual fund	-	5,215
	Oppenheimer Developing Mkt	Mutual fund	-	6,329
	Oppenheimer Global Opp	Mutual fund	-	4,992
	Perkins Mid Cap Value	Mutual fund	-	518
	Templeton Global Bond Fund	Mutual fund	-	1,171
*	Wells Fargo Adv DJ	Mutual fund	-	172,315
*	Wells Fargo Dow Jones Target 2015	Mutual fund	-	156,810
*	Wells Fargo Dow Jones Target 2020	Mutual fund	-	261,620
*	Wells Fargo Dow Jones Target 2025	Mutual fund	-	12,219
*	Wells Fargo Dow Jones Target 2030	Mutual fund	-	747,378
*	Wells Fargo Dow Jones Target 2035	Mutual fund	-	74,652
*	Wells Fargo Dow Jones Target 2040	Mutual fund	-	53,071
*	Wells Fargo Dow Jones Target 2045	Mutual fund	-	76,950
*	Wells Fargo Dow Jones Target 2050	Mutual fund	-	22,417
*	Wells Fargo Adv Growth Fund	Mutual fund	-	105,654
	Ridgeworth High-Income	Mutual fund	-	7,186
*	Notes receivable	4.00% - 5.25%	-	82,659
			<u>\$ -</u>	<u>\$ 2,670,866</u>

Note: The above statement is in the form prescribed by the reporting requirements of ERISA. Column (a) is intended to denote each identified person who is known to be a party in interest. Column (d) "Cost" is left blank as permitted by ERISA regulations in the case of participant-directed plans.

FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC
EMPLOYEES' SAVINGS AND RETIREMENT PLAN
EIN: 54-2113873 PLAN NUMBER: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
HELD FOR INVESTMENT PURPOSES
AT DECEMBER 31, 2013

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Delaware Diversified Income Inst	Mutual fund	\$ -	\$ 16,214
*	WF S&P MidCap Index Fund	Common Collective Funds	-	5,717
*	WF S&P 500 Index Fund	Common Collective Funds	-	206,221
*	WF Stable Return Fund	Common Collective Funds	-	384,448
	American Century Equity Income	Mutual fund	-	44,569
	American Funds EuroPac Grth	Mutual fund	-	13,592
	Columbia Small Cap Index	Mutual fund	-	62,330
	Diamond Hill Small Cap	Mutual fund	-	6,251
	Goldman Sachs Growth Opp Fd	Mutual fund	-	417
	Invesco Intl Grth FD R5	Mutual fund	-	302
	Janus Triton Fund	Mutual fund	-	98,912
	Oakmark International Fd	Mutual fund	-	3,567
	Oppenheimer Developing Mkt	Mutual fund	-	12,215
	Oppenheimer Global Opp	Mutual fund	-	2,894
	Perkins Mid Cap Value	Mutual fund	-	623
	Templeton Global Bond Fund	Mutual fund	-	196
*	Wells Fargo Dow Jones Target 2015	Mutual fund	-	146,897
*	Wells Fargo Dow Jones Target 2020	Mutual fund	-	105,532
*	Wells Fargo Dow Jones Target 2025	Mutual fund	-	343,596
*	Wells Fargo Dow Jones Target 2030	Mutual fund	-	4,336
*	Wells Fargo Dow Jones Target 2035	Mutual fund	-	667,040
*	Wells Fargo Dow Jones Target 2040	Mutual fund	-	57,079
*	Wells Fargo Dow Jones Target 2045	Mutual fund	-	54,303
*	Wells Fargo Dow Jones Target 2050	Mutual fund	-	66,108
*	Wells Fargo Dow Jones Target 2055	Mutual fund	-	15,849
*	Wells Fargo Adv Growth Fund	Mutual fund	-	95,345
	Ridgeworth High-Income	Mutual fund	-	5,482
*	Notes receivable	3.25% - 5.25%	-	41,560
			<u>\$ -</u>	<u>\$ 2,461,595</u>

Note: The above statement is in the form prescribed by the reporting requirements of ERISA. Column (a) is intended to denote each identified person who is known to be a party in interest. Column (d) "Cost" is left blank as permitted by ERISA regulations in the case of participant-directed plans.

FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC
EMPLOYEES' SAVINGS AND RETIREMENT PLAN
EIN: 54-2113873 PLAN NUMBER: 001

SCHEDULE H Line 4a
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

AT DECEMBER 31, 2014

Participant Contributions Transferred Late To The Plan	<u>Total That Constitutes Nonexempt Prohibited Transactions</u>			Total Fully Corrected Under VFCP and PTE 2002-51
	<u>Contributions Not Corrected</u>	<u>Contributions Corrected Outside VFCP</u>	<u>Contributions Pending Correction VFCP</u>	
\$ 256	\$ -	\$ 256	\$ -	\$ -

AT DECEMBER 31, 2013

Participant Contributions Transferred Late To The Plan	<u>Total That Constitutes Nonexempt Prohibited Transactions</u>			Total Fully Corrected Under VFCP and PTE 2002-51
	<u>Contributions Not Corrected</u>	<u>Contributions Corrected Outside VFCP</u>	<u>Contributions Pending Correction VFCP</u>	
\$ 1,286	\$ 1,286	\$ -	\$ -	\$ -

FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC
EMPLOYEES' SAVINGS AND RETIREMENT PLAN
EIN: 54-2113873 PLAN NUMBER: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
HELD FOR INVESTMENT PURPOSES
AT DECEMBER 31, 2014

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Delaware Diversified Income Inst	Mutual fund	\$ -	\$ 20,404
*	WF S&P MidCap Index Fund	Common Collective Funds	-	12,753
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*	Wells Fargo Dow Jones Target 2035	Mutual fund	-	74,652
*	Wells Fargo Dow Jones Target 2040	Mutual fund	-	53,071
*	Wells Fargo Dow Jones Target 2045	Mutual fund	-	76,950
*	Wells Fargo Dow Jones Target 2050	Mutual fund	-	22,417
*	Wells Fargo Adv Growth Fund	Mutual fund	-	105,654
	Ridgeworth High-Income	Mutual fund	-	7,186
*	Notes receivable	4.00% - 5.25%	-	82,659
			<u>\$ -</u>	<u>\$ 2,670,866</u>

Note: The above statement is in the form prescribed by the reporting requirements of ERISA. Column (a) is intended to denote each identified person who is known to be a party in interest. Column (d) "Cost" is left blank as permitted by ERISA regulations in the case of participant-directed plans.