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).

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

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
FLORIDA DIGESTIVE HEALTH SPECIALISTS, LLP EMPLOYEES SAVINGS TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2011

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)
FLORIDA DIGESTIVE HEALTH SPECIALISTS, LLP

10920 TECHNOLOGY TERRACE
LAKEWOOD RANCH, FL 34211

2b Employer Identification Number (EIN)
27-0709861

2c Plan Sponsor's telephone number
941-757-4810

2d Business code (see instructions)
621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2016	VINCENT HAYES
	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)

Preparer's telephone number

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 has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	221
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)**	133
a(2) Total number of active participants at the end of the plan year	**6a(2)**	167
b Retired or separated participants receiving benefits	**6b**	3
c Other retired or separated participants entitled to future benefits	**6c**	32
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	202
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	202
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	198
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	16
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2E 2F 2G 2J 2R 3B 3D

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)	[X]	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)	[X]	Trust
(4)	[ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 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

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
FLORIDA DIGESTIVE HEALTH SPECIALISTS, LLP EMPLOYEES SAVINGS TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FLORIDA DIGESTIVE HEALTH SPECIALISTS, LLP

D Employer Identification Number (EIN)
27-0709861

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

MATRIX FINANCIAL SOLUTIONS
700 17TH STREET, STE 300
DENVER, CO 80202

20-1591048

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

JPMORGAN
245 PARK AVENUE FLOOR 3
NEW YORK, NY 10167

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

OPPENHEIMER
TWO WORLD FINANCIAL CENTER
NEW YORK, NY 10281

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

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

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

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

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

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

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

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

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

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

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

CPI QUALIFIED PLAN CONSULTANTS, INC

1809 24TH STREET
P.O. BOX 1167
GREAT BEND, KS 67530

48-1205033

(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?
12 15 37 50 60 61 64	'NONE'	21298	Yes [X] No [ ]	Yes [ ] No [X]	12756	Yes [ ] No [X]

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

UBS FINANCIAL SERVICES, INC

500 CAMPUS DR.
FLORHAM PARK, NJ 07932

(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 50	'NONE'	17409	Yes [ ] No [X]	Yes [ ] No [X]	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 [ ]

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
CPI QUALIFIED PLAN CONSULTANTS, INC	12 15 37 50 60 61 64	6046

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MATRIX FINANCIAL SOLUTIONS 100 EAST PRATT STREET BALTIMORE, MD 21202 20-1591048	SUBSIDY TO OFFSET CUSTODIAL AND TRADING EXPENSES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CPI QUALIFIED PLAN CONSULTANTS, INC	12 15 37 50 60 61 64	1247

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MATRIX FINANCIAL SOLUTIONS 245 PARK AVENUE FLOOR 3 NEW YORK, NY 10167 20-1591048	SUBSIDY TO OFFSET CUSTODIAL AND TRADING EXPENSES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CPI QUALIFIED PLAN CONSULTANTS, INC	12 15 37 50 60 61 64	1988

(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.
T. ROWE PRICE 100 EAST PRATT STREET BALTIMORE, MD 21202	SUBSIDY TO OFFSET CUSTODIAL AND TRADING EXPENSES

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
FLORIDA DIGESTIVE HEALTH SPECIALISTS, LLP EMPLOYEES SAVINGS TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FLORIDA DIGESTIVE HEALTH SPECIALISTS, LLP

D Employer Identification Number (EIN)
27-0709861

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	856468	1086779
(2) Participant contributions	1b(2)	0	6900
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	176392	22884
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	956359	492391
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	185320	179768
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9083025	10413089
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	11257564	12201811
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	11257564	12201811

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)	1426701	
	(B) Participants	2a(1)(B)	847424	
	(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)		2274125
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)	5886	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5886
	(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)	570545	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		570545
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2729562	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2745412	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-15850
	(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)		
(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)		-751218
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2083488
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1104225	
(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)		1104225
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	12336	
(3) Investment advisory and management fees	2i(3)	22680	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		35016
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1139241
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		944247
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: SKODA MINOTTI **(2)** EIN: 34-1945206

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	N/A	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	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X		
e Was this plan covered by a fidelity bond?	4e	X			500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n				
o Did the plan trust incur unrelated business taxable income?	4o				
p Were in-service distributions made during the plan year?	4p				

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

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

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

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
FLORIDA DIGESTIVE HEALTH SPECIALISTS, LLP EMPLOYEES SAVINGS TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FLORIDA DIGESTIVE HEALTH SPECIALISTS, LLP

D Employer Identification Number (EIN)
27-0709861

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): 75-3182674

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 of 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):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

FLORIDA DIGESTIVE HEALTH SPECIALISTS, LLP
EMPLOYEES SAVINGS TRUST

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2015 AND 2014



SKODA MINOTTI

CPAs, BUSINESS & FINANCIAL ADVISORS

Delivering on the Promise.

FLORIDA DIGESTIVE HEALTH SPECIALISTS, LLP

EMPLOYEES SAVINGS TRUST

YEARS ENDED DECEMBER 31, 2015 AND 2014

TABLE OF CONTENTS

INDEPENDENT AUDITORS' REPORT	2 – 3
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS December 31, 2015 and 2014	4
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS Years ended December 31, 2015 and 2014	5
NOTES TO THE FINANCIAL STATEMENTS	6 – 13
SUPPLEMENTARY INFORMATION	
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) December 31, 2015	14 – 15

SKODA MINOTTI & CO.
CERTIFIED PUBLIC ACCOUNTANTS

Delivering on the Promise.

INDEPENDENT AUDITORS' REPORT

TO THE PLAN ADMINISTRATOR
FLORIDA DIGESTIVE HEALTH SPECIALISTS, LLP
EMPLOYEES SAVINGS TRUST

Report on the Financial Statements

We have audited the accompanying financial statements of Florida Digestive Health Specialists, LLP Employees Savings Trust (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, 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 our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by MG Trust Company, LLC, the trustee and custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplementary schedule. 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 certifications from MG Trust Company, LLC as of December 31, 2015 and 2014 and from the Oppenheimer & Co. Inc., a custodian, as of and for the year ended December 31, 2014, 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.

Other Matters

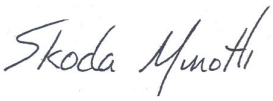
The supplementary schedule of assets (held at end of year) as of December 31, 2015 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplementary schedule referred to above.

Full scope audit procedures were performed for approximately 12.33% of the Plan's investments as of and for the year ended December 31, 2015.

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 supplementary schedule, other than that derived from the information certified by the trustee and 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.

SKODA MINOTTI & CO.



Tampa, Florida
October 11, 2016

FLORIDA DIGESTIVE HEALTH SPECIALISTS, LLP
EMPLOYEES SAVINGS TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2015 AND 2014

	2015	2014
INVESTMENTS, AT FAIR VALUE		
Registered investment companies	$ 10,412,838	$ 9,054,981
Common stocks	492,391	956,359
Interest-bearing cash	22,884	176,392
	10,928,113	10,187,732
RECEIVABLES		
Company's contributions	1,086,779	856,468
Participant contributions	6,900	-
Accrued income	251	28,044
Notes receivable from participants	179,768	187,270
	1,273,698	1,071,782
NET ASSETS AVAILABLE FOR BENEFITS	$ 12,201,811	$ 11,259,514

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

FLORIDA DIGESTIVE HEALTH SPECIALISTS, LLP
EMPLOYEES SAVINGS TRUST

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2015 AND 2014

	2015	2014
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income		
Interest and dividends	$ 570,545	$ 527,596
Contributions		
Company's	1,426,701	1,179,987
Participants'	847,424	706,156
Rollovers	-	23,961
	2,274,125	1,910,104
Other income	5,886	7,094
Total additions	2,850,556	2,444,794
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Net depreciation in fair value of investments	767,068	53,205
Benefits paid to participants	1,106,175	284,926
Administrative expenses	35,016	33,339
Total deductions	1,908,259	371,470
NET INCREASE	942,297	2,073,324
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	11,259,514	9,186,190
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	$ 12,201,811	$ 11,259,514

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

FLORIDA DIGESTIVE HEALTH SPECIALISTS, LLP
EMPLOYEES SAVINGS TRUST

NOTES TO THE FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN

The following description of the Florida Digestive Health Specialists, LLP Employees Savings Trust (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Florida Digestive Health Specialists, LLP (the Company) who meet the eligibility requirements. Employees are eligible to participate in the Plan upon completion of one year of service and having attained age 21, as defined in the Plan document. An employee shall have completed one year of service if during the 12-month period immediately following their date of hire or during any Plan year beginning after their date of hire he or she works at least 1,000 hours of service. Effective January 1, 2014, the Plan was amended for purposes of determining the safe harbor contribution whereby only Plan compensation earned while an employee is a participant in the Plan will be taken into account. Prior to January 1, 2014, full-year Plan compensation, regardless of whether the employee was a participant of the Plan, was used to determine the safe harbor contribution. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

A participant may contribute, through payroll reductions, from 1% to 100% of their eligible compensation on a pre-tax basis, or as a Roth contribution, up to the maximum dollar amount allowed by law. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified retirement plans or IRAs.

The Company may make a discretionary contribution, which is determined annually and is allocated based on a percentage of Plan compensation or a uniform dollar amount. Eligible employees who have less than 1,000 hours of service or who terminated employment prior to the end of the Plan year will not share in the discretionary contribution unless the termination was due to death, disability or retirement. The Company made discretionary contributions of $989,453 and $787,824 for the years ended December 31, 2015 and 2014, respectively. The Company is required to make safe harbor contributions to all eligible participants equal to 3% of each participant's Plan compensation. The Company made safe harbor contributions of $437,248 and $392,163 for the years ended December 31, 2015 and 2014, respectively. Additionally, the Company can also make qualified non-elective contributions (QNEC) to all eligible employees who are defined as non-highly compensated employees and are allocated based on a percentage of Plan compensation. No QNEC were made to the Plan during 2015 or 2014.

1. DESCRIPTION OF THE PLAN (continued)

Participant Accounts

Each participant's account is credited with the participant's contribution, allocations of the Company's contributions, Plan earnings (losses), and charged with an allocation of any administrative expenses paid by the Plan. The Company's contributions are allocated to participant accounts based on a percentage of Plan compensation. Allocations of earnings (losses) and administrative expenses are based on the participant's account balances or an equal dollar amount based on the number of participants in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions, safe harbor contributions and QNEC plus actual earnings thereon. Vesting in the Company's discretionary contribution portion of their accounts is based on years of continuous service according to the following schedule:

Years of service	Vested percentage
Less than 2 years	0%
2 years but less than 3	20%
3 years but less than 4	40%
4 years but less than 5	60%
5 years but less than 6	80%
6 years or more	100%

To receive vesting service for a Plan year, a participant must have completed at least 1,000 hours of service during the Plan year. Participants are fully vested in their accounts upon death, disability, or upon reaching their retirement date.

Investment Options

Participants direct the investment of their contributions into various investment options offered by the Plan. Plan participants may also have the option of self-directed investment accounts, in which the participants act as their own asset manager, selecting different investments at their discretion.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum amount of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of the participant's vested account balance. Note terms range from one to five years. If the purpose of the note is to purchase a primary residence, the term of repayment may exceed five years, but in no event shall exceed the usual repayment period permitted by commercial lenders for similar loans. The note is secured by the participant's vested account balance and bears interest at the prime rate, at time of issuance. Principal and interest are paid ratably through payroll deductions. Interest income of $5,886 and $7,094 for the years ended December 31, 2015 and 2014, respectively, has been recorded as other income in the accompanying Statements of Changes in Net Assets Available for Benefits.

1. DESCRIPTION OF THE PLAN (continued)

Forfeitures

Forfeitures are created when participants terminate employment prior to becoming entitled to full benefits. Forfeitures will be used first to pay Plan administrative expenses and then to reduce Company contributions and will be applied in the Plan year following the Plan year in which the forfeitures occur. At December 31, 2015 and 2014, forfeited, non-vested accounts totaled $18,068 and $7,044, respectively. Forfeitures of $7,044 and $1,510 were used to reduce the Company safe harbor contribution during the years ended December 31, 2015 and 2014, respectively.

Payment of Benefits

On termination of service due to death, disability, retirement or separation of service, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump sum amount, a partial lump sum amount or in installment payments. If the value of a terminated participant's vested benefit does not exceed $5,000, the entire amount shall be paid to the participant in a single lump sum or rolled over to another qualified plan. If an employee has $1,000 or less in his or her account and has terminated employment, the entire balance of the participant's vested account must be distributed immediately. Participants may take in-service withdrawals from their vested accounts upon reaching age 59 1/2. The Plan allows participants to withdraw a portion of their account balance in the event of immediate and heavy financial need. Any hardship withdrawal is limited to the amount needed to meet the financial need and must meet the qualification requirement under the Plan.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain professional and administrator fees are paid by the Plan. Loan and distribution fees are paid by the participants. Other Plan administrative expenses are paid by the Company and are excluded from these financial statements.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (GAAP) requires the Plan administrator to make estimates and assumptions that affect certain reported amounts of net assets available for benefits and changes therein. Actual results may differ from those estimates.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. Delinquent notes receivable are reclassified as distributions based upon the terms of the Plan document.

Subsequent Events

The Company evaluated subsequent events through October 11, 2016, the date these financial statements were available to be issued. Other than the matter described in Note 6, there were no material subsequent events that required recognition or additional disclosure in these financial statements.

3. INVESTMENTS

Investments of the Plan were held by MG Trust Company, LLC, the trustee, and Oppenheimer & Co. Inc., a custodian, at December 31, 2015 and 2014. The following table presents the fair value of investments at December 31, 2015 and 2014, respectively. The investments and investment activity held by the trustee have been certified as complete and accurate as of and for the years ended December 31, 2015 and 2014 and have not been audited by the independent auditors. The investments and investment activity held by a custodian have been certified as complete and accurate as of and for the year ended December 31, 2014 and have not been audited by the independent auditors. The investments and investment activity held by a custodian as of and for the year ended December 31, 2015 have been audited by the independent auditors.

	2015	2014
Registered investment companies	$ 10,412,838	$ 9,054,981
Common stocks	492,391	956,359
Interest-bearing cash	22,884	176,392
	$ 10,928,113	$ 10,187,732

3. INVESTMENTS (continued)

The Plan's investments (including gains and losses on investments purchased and sold, as well as held during the year) depreciated in value by $767,068 and $53,205 during the years ended December 31, 2015 and 2014, respectively.

4. FAIR VALUE MEASUREMENTS

GAAP 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. It applies to fair value measurements already recognized or permitted by existing standards. 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 used in valuation models (Level 3 measurements). The three levels of the fair value hierarchy under GAAP are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Quoted prices for similar assets or liabilities in active markets or quoted prices for identical or similar assets or liabilities in inactive markets. Level 2 inputs include those other than quoted prices that are observable for the asset or liability. Level 2 inputs are derived principally from, or corroborated by, observable market data by correlation or other means. If the asset or liability has a specified 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 should 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, 2015 and 2014.

Registered investment companies and common stocks - Valued at the closing price reported on the active market on which the individual securities are traded.

Interest-bearing cash - Valued at cost, which equals fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

4. FAIR VALUE MEASUREMENTS (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015:

	Level 1	Total
Registered investment companies	$ 10,412,838	$ 10,412,838
Common stocks	492,391	492,391
Interest-bearing cash	22,884	22,884
	$ 10,928,113	$ 10,928,113

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014:

	Level 1	Total
Registered investment companies	$ 9,054,981	$ 9,054,981
Common stocks	956,359	956,359
Interest-bearing cash	176,392	176,392
	$ 10,187,732	$ 10,187,732

5. TAX STATUS

The Company adopted a Volume Submitter Profit Sharing Plan. The Volume Submitter Plan received its latest favorable opinion letter on March 31, 2008, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the opinion letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

6. ACCRUED INCOME

Certain reinvestments of dividends and gains on securities were recorded by the Plan's record-keeper prior to the years ended December 31, 2015 and 2014; however these transactions were not recorded by the Trustee until January 2016 and 2015, respectively. The timing delay in these transactions created accrued income that has been included in the 2015 and 2014 Statements of Net Assets Available for Benefits.

7. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, all participants will become 100% vested in their account balances.

8. PARTY-IN-INTEREST

Certain Plan investments are invested in funds managed by Oppenheimer & Co. Inc. Oppenheimer & Co. Inc. is a custodian as defined by the Plan document and, therefore, these transactions are considered party-in-interest transactions.

9. RISKS AND UNCERTAINTIES

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

10. CHANGE IN ACCOUNTING PRINCIPLE

For the year ended December 31, 2015, Plan management has elected to adopt the provisions of *ASU No. 2015-12 – Plan Accounting: Defined Contribution Plans (Topic 962)*, which reduces the complexity of Plan investment disclosures. Under the update, the Plan may present investments measured using fair value aggregated by general type, rather than present detailed categories under each general type. In addition, the Plan is no longer required to separately present those investments that represent 5% or more of Plan net assets. The updated disclosures have been applied as of and for the years ended December 31, 2015 and 2014 and have no effect on the changes in net assets as previously reported.

11. RECONCILIATION TO THE FORM 5500

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

	2015	2014
Net assets available for benefits per the financial statements	$ 12,201,811	$ 11,259,514
Less: Accumulated deemed distributions	-	(1,950)
Net assets available for benefits per the Form 5500	$ 12,201,811	$ 11,257,564

The following is a reconciliation of benefits paid to participants per the financial statements to the Form 5500 for the years ended December 31:

	2015	2014
Benefits paid to participants per the financial statements	$ 1,106,175	$ 284,926
Plus (Less): Deemed distributions	(1,950)	1,950
Benefits paid to participants per the Form 5500	$ 1,104,225	$ 286,876

FLORIDA DIGESTIVE HEALTH SPECIALISTS, LLP
EMPLOYEES SAVINGS TRUST

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

EIN: 27-0709861
PLAN NO: 001

DECEMBER 31, 2015

(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	(e) Current value
	Registered investment companies		
	Aston/Doubleline Core Plus Fixed Income Fund	13,433 shares	$ 139,840
	Cohen Steers Realty Income Fund	5,012 shares	69,370
	Columbia Mid Cap Index Fund	2,826 shares	39,149
	Columbia Small Cap Index	15,649 shares	314,702
	Delaware Diversified Income Fund	31,575 shares	270,600
	Eaton Vance Income Fund of Boston	8,791 shares	47,475
	Eventide Gilead Fund	6,391 shares	162,912
	Franklin Mutual Global Discovery Fund	5,665 shares	163,519
	Hartford Smallcap Growth Fund	3,619 shares	164,558
	Ivy Asset Strategy Fund	4,917 shares	107,882
	Ivy Science & Technology Fund	256 shares	12,915
	John Hancock Disciplined Mid Cap Value Fund	10,035 shares	185,756
	JP Morgan Government Bond Fund	7,016 shares	74,517
	JP Morgan U.S. Equity Fund	46,798 shares	643,943
	Mainstay Large Cap Growth Fund	19,002 shares	177,865
	MFS International Diversification Fund	3,018 shares	46,008
*	Oppenheimer Developing Markets Fund	4,948 shares	150,426
	Pioneer Cash Reserves Fund	411,961 shares	411,963
	Principal Global Diversified Income Fund	15,703 shares	204,936
	T. Rowe Price Value Advisor Fund	17,339 shares	534,071
	T. Rowe Price Retirement 2010 Advantage Fund	8,324 shares	139,928
	T. Rowe Price Retirement 2015 Advantage Fund	40,250 shares	549,018
	T. Rowe Price Retirement 2020 Advantage Fund	31,759 shares	621,215
	T. Rowe Price Retirement 2025 Advantage Fund	82,553 shares	1,228,394
	T. Rowe Price Retirement 2030 Advantage Fund	71,638 shares	1,550,976
	T. Rowe Price Retirement 2035 Advantage Fund	53,340 shares	839,045
	T. Rowe Price Retirement 2040 Advantage Fund	22,962 shares	514,590
	Balance to next page		9,365,573

See the Independent Auditors' Report

FLORIDA DIGESTIVE HEALTH SPECIALISTS, LLP
EMPLOYEES SAVINGS TRUST

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

EIN: 27-0709861
PLAN NO: 001

DECEMBER 31, 2015

(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	(e) Current value
	Balance from previous page		$ 9,365,573
	Registered investment companies		
	T. Rowe Price Retirement 2045 Advantage Fund	7,422 shares	111,929
	T. Rowe Price Retirement 2050 Advantage Fund	1,581 shares	19,991
	T. Rowe Price Retirement 2055 Advantage Fund	4,812 shares	60,829
	T. Rowe Price Retirement 2060 Advisor Fund	14 shares	144
	Other investments		
*	UBS Financial Services self-directed accounts		
	Registered investment companies		854,372
	Common stocks		492,391
	Interest-bearing cash		22,884
*	***Notes receivable from participants***	Interest rates ranging from 3.25% - 4.25% with various maturities through 2033	179,768
			$ 11,107,881

* Parties-in-interest

See the Independent Auditors' Report

(a) (b) & (c) Identity and Description		(d) Cost	(e) Value
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)			
Analog Devices Inc (15 shares)	Common Stock	876	830
Automatic Data Processing Inc (23 shares)	Common Stock	1,832	1,949
Autodesk Inc (108 shares)	Common Stock	5,072	6,580
AMGEN Inc (35 shares)	Common Stock	5,255	5,682
AMAZON Con Inc (26 shares)	Common Stock	12,727	17,573
Artisan Intl Value FD Class (2534 shares)	Mutual Fund	86,080	80,322
Arm Holdings PLC (111 shares)	Common Stock	5,018	5,022
Amer Express Co (36 shares)	Common Stock	2,738	2,504
Alibaba Group Hldg (122 shares)	Common Stock	8,082	9,915
Bank of America Corp (429 shares)	Common Stock	6,750	7,220
Blackrock Inc (28 shares)	Common Stock	8,672	9,535
Bristol Myers Squibb Co. (180 shares)	Common Stock	10,885	12,382
Berkshire Hathaway Inc D (89 shares)	Common Stock	11,155	11,752
Carnival Corp (236 shares)	Common Stock	12,114	12,857
Cerner Corp (63 shares)	Common Stock	3,788	3,791
ConocoPhillips (94 shares)	Common Stock	5,418	4,389
Cisco Sys Inc (662 shares)	Common Stock	15,605	17,977
Mainstay Cushing MLP I (4138 shares)	Mutual Fund	87,402	55,661
Chevron Corp (64 shares)	Common Stock	6,779	5,757
Danone (650 shares)	Common Stock	8,868	8,847
Deere and Co (94 shares)	Common Stock	7,603	7,169
Dollar Tree Inc (140 shares)	Common Stock	9,646	10,811
EMC Corp Mass (275 shares)	Common Stock	6,738	7,062
Edgewell Pers Care Co (64 shares)	Common Stock	5,512	5,016
Expeditors Intl Wash Inc (152 shares)	Common Stock	7,393	6,855
Face Book Inc (139 shares)	Common Stock	12,810	14,548
Factset Resh Systems Inc (31 shares)	Common Stock	5,130	5,040
FEDEX Corp (32 shares)	Common Stock	4,816	4,768
GENL Dynamics Corp (85 shares)	Common Stock	12,102	11,676
Greenhill & Co Inc (43 shares)	Common Stock	1,408	1,230
Alphabet Inc. CL C (10 shares)	Common Stock	6,243	7,589
Alphabet Inc. Class A (10 shares)	Common Stock	6,171	7,780
INTL Business Machine (30 shares)	Common Stock	4,420	4,129
IVA Worldwide Fund Class A (1679 shares)	Mutual Fund	29,188	27,413
JPMorgan US Small Co FD (2682 shares)	Mutual Fund	43,016	40,907
CARMAX Inc (199 shares)	Common Stock	12,107	10,740
Coca Cola Co. (335 shares)	Common Stock	13,094	14,392
Lilly Eli & Co (140 shares)	Common Stock	9,236	11,796
Lowes Companies (194 shares)	Common Stock	13,482	14,752
Ishares Tr Iboxx Inv Cpb (1235 shares)	Mutual Fund	146,895	140,802
Loomis Sayles Inv Grade BD y (3706 shares)	Mutual Fund	45,898	40,207
MFS Intl Value FD CL 1 (853 shares)	Mutual Fund	31,489	30,460
Monster Beverage Corp (75 shares)	Common Stock	10,090	11,172

(a) (b) & (c) Identity and Description		(d) Cost	(e) Value
Altria Group Inc (243 shares)	Common Stock	10,659	14,145
Mosaic Co. (143 shares)	Common Stock	5,649	3,945
Merck & Co Inc New (55 shares)	Common Stock	2,755	2,905
Microsoft Corp (210 shares)	Common Stock	7,075	11,651
Loomis Sayles Strategic (9632 shares)	Mutual Fund	151,080	131,475
Newmarket Corp (25 shares)	Common Stock	9,686	9,518
Norfolk STHN Corp (91 shares)	Common Stock	6,859	7,698
Novo Nordisk (154 shares)	Common Stock	8,711	8,944
Novartis AG (73 shares)	Common Stock	7,108	6,281
Oracle Corp (260 shares)	Common Stock	9,902	9,498
O'Reilly Automotive Inc (31 shares)	Common Stock	7,714	7,856
Pfizer Inc (160 shares)	Common Stock	4,458	5,165
Proctor & Gamble (101 shares)	Common Stock	7,110	8,020
Pricipal Mid Cap FD CL P (6482 shares)	Mutual Fund	141,663	135,091
PIMCO Income P Shares UMA (3548 shares)	Mutual Fund	45,019	41,616
QualComm Inc (161 shares)	Common Stock	9,071	8,048
RS Mid Cap Growth FD CL Y (2185 shares)	Mutual Fund	43,172	45,432
Sabmiller PLC (100 shares)	Common Stock	5,635	5,993
SEI Investments Co (157 shares)	Common Stock	7,919	8,227
Schlumberger LTD (80 shares)	Common Stock	6,235	5,580
Touchstone FDS Group FD CL Y (5403 shares)	Mutual Fund	101,288	84,985
United Parcel Service Inc (65 shares)	Common Stock	5,847	6,255
VISA Inc (339 shares)	Common Stock	23,913	26,290
Varian Medical Systems Inc (69 shares)	Common Stock	5,423	5,575
Verizon Communications Inc (105 shares)	Common Stock	5,011	4,853
Wells Fargo & Co (201 shares)	Common Stock	8,840	10,926
Alleghany Corp DEL (18 shares)	Common Stock	8,519	8,603
Yum! Brands Inc (73 shares)	Common Stock	5,855	5,333
Rounding adjustment			-4
		1,411,779	1,346,763

(a) & (b) Identity and Description		(c) Cost	(d) Proceeds
Schedule H, Line4i - Schedule of Assets (Acquired and Disposed of Within Year)			
ABBVIE Inc	Common Stock	11,764	11,295
ADOBE Systems Inc	Common Stock	2,656	2,805
AKAMAI Tech Inc	Common Stock	5,192	5,147
Apache Corp	Common Stock	2,315	1,970
Apple Inc.	Common Stock	4,763	4,797
Antero Res Corp	Common Stock	1,396	1,309
Acuity Brand Inc.	Common Stock	2,758	2,685
Bed Bath & Beyond Inc.	Common Stock	12,635	12,019

(a) & (b) Identity and Description		(c) Cost	(d) Proceeds
Biogen Inc.	Common Stock	5,773	5,260
Blackrock Inc.	Common Stock	12,901	13,606
Berkshire Hathaway Inc New	Common Stock	9,985	9,926
Anheuser Busch INBEV	Common Stock	4,211	4,350
Baxalta Inc	Common Stock	250	1,597
BAXALTA Inc.	Common Stock	0	7,272
Chemours Co	Common Stock	0	109
Celgene Corp	Common Stock	6,841	6,492
COMCAST Corp	Common Stock	5,795	6,055
CME Group Inc.	Common Stock	2,620	2,541
CITRIX Systems Inc.	Common Stock	3,128	3,311
CVS Health Corp	Common Stock	7,628	7,549
CVENT Inc	Common Stock	1,750	1,798
Walt Disney Co	Common Stock	5,196	5,301
EBAY Inc	Common Stock	2,822	2,688
Energizer Holdings Inc	Common Stock	1,903	1,875
Eaton Corp PLC	Common Stock	3,651	3,547
EXAMWORKS Group, Inc	Common Stock	2,288	1,657
Twenty First Centy Fox Inc	Common Stock	2,923	3,089
FMC Technologies Inc	Common Stock	2,297	2,291
Grainger W W Inc	Common Stock	4,190	4,282
Home Depot	Common Stock	6,296	6,430
HEICO Corp New	Common Stock	2,385	2,043
Linkedin Corp	Common Stock	2,857	3,142
Monsanto Co	Common Stock	4,174	3,672
MSC Indl Direct Inc.	Common Stock	9,207	8,700
NASDAQ QMX Group	Common Stock	2,607	2,737
Noble Corp	Common Stock	3,393	3,269
NIKE Inc	Common Stock	2,106	2,343
Phillips 66	Common Stock	7,261	7,693
PayPal Holdings Inc	Common Stock	2,852	2,586
Regeneron Pharmaceuticals Inc	Common Stock	2,558	2,311
Red Hat Inc	Common Stock	4,605	4,805
Schwab Charles Corp	Mutual Fund	3,127	2,927
Scripps Networks Interact Inc	Common Stock	11,347	10,393
Stratasys LTD	Common Stock	1,602	1,449
Thermo Fisher Scientific Inc	Common Stock	4,180	4,230
Texas Instruments	Common Stock	3,135	3,387
Verint Sys Inc.	Common Stock	2,258	1,764
Zimmer Biomet Holdings Inc	Common Stock	3,515	3,541
Zoetis Inc	Common Stock	4,189	3,894