

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 <u>12/01/2015</u> and ending <u>11/30/2016</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>ASSOCIATED RETINAL CONSULTANTS, P.C. EMPLOYEES' 401(K) PS PLAN AND TRUST</u>	1b Three-digit plan number (PN) ▶ <u>002</u> 1c Effective date of plan <u>02/17/1971</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ASSOCIATED RETINAL CONSULTANTS, P.C.</u> <u>39650 ORCHARD HILL PLACE</u> <u>SUITE 200</u> <u>NOVI, MI 48375</u>	2b Employer Identification Number (EIN) <u>38-1946761</u> 2c Plan Sponsor's telephone number <u>248-319-0161</u> 2d Business code (see instructions) <u>621111</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>08/10/2017</u>	<u>ANTONIO CAPONE, JR. MD</u>
	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 ☒ 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: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 157
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) 112
a(2) Total number of active participants at the end of the plan year	6a(2) 113
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 42
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 155
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 1
f Total. Add lines 6d and 6e	6f 156
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 155
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: 2E 2G 2J 2K 2T	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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)
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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 12/01/2015 and ending 11/30/2016

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

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

DREYFUS

13-5673135

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

PIMCO FUNDS

95-2632339

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

AMERICAN FUNDS

95-1411037

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

OAKMARK

04-3276558

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

DODGE & COX

94-1441976

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

MFS

04-2747644

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

JANUS

43-1804048

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

FRANKLIN TEMPLETON INVESTMENTS

94-3167260

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

INVESCO VAN KAMPEN

58-2287224

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

NEUBERGER BERMAN

13-5521910

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

WILLIAM BLAIR

36-2214610

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

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

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

WELLS FARGO BANK, N.A.

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 49 50 52 60 62 63 64	SERVICE PROVIDER	10144	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large;">2015</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2015 or fiscal plan year beginning 12/01/2015 and ending 11/30/2016

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

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: WELLS FARGO STABLE RETURN FUND 60

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN <u>52-2251407-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1718516</u>
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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)
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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)
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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)
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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)
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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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

SCHEDULE H (Form 5500) <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> 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>12/01/2015</u> and ending <u>11/30/2016</u>		
A Name of plan <u>ASSOCIATED RETINAL CONSULTANTS, P.C. EMPLOYEES' 401(K) PS PLAN AND TRUST</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ASSOCIATED RETINAL CONSULTANTS, P.C.</u>	D Employer Identification Number (EIN) <u>38-1946761</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a	0	11580
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	889846	867122
	(2) Participant contributions	1b(2)		
	(3) Other	1b(3)	41089	40793
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	484489	618183
	(2) U.S. Government securities	1c(2)	1063285	1524228
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)	1716080	1836551
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)	6832253	7309652
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts	1c(9)	1720184	1718516
	(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)	13924505	15512262
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(15) Other	1c(15)	1962464	1827853

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	28634195 31266740
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities.....	1j	56542 40579
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	56542 40579
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	28577653 31226161

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers.....	2a(1)(A)	867122
	(B) Participants	2a(1)(B)	556877
	(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)	1423999
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1297
	(B) U.S. Government securities	2b(1)(B)	75825
	(C) Corporate debt instruments	2b(1)(C)	91362
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	622
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	169106
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	172578
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	247730
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	420308
(3)	Rents.....	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	11500082
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	11374723
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	125359
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	
	(B) Other	2b(5)(B)	187929
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	187929

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		19318
(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)		800152
c Other income	2c		14461
d Total income. Add all income amounts in column (b) and enter total	2d		3160632

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	479399	
(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)		479399
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	32725	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		32725
j Total expenses. Add all expense amounts in column (b) and enter total	2j		512124

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2648508
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: UHY LLP

(2) EIN: 20-0694403

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

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

Part IV Compliance Questions

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

During the plan year:

	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.)		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.)		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.)		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.)		X		
e Was this plan covered by a fidelity bond?	X			1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)		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?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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.
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For calendar plan year 2015 or fiscal plan year beginning 12/01/2015 and ending 11/30/2016

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

Part I	Distributions
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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
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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
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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.
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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
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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
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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

INDEPENDENT AUDITOR'S REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Associated Retinal Consultants, P.C. Employees' 401(k) Profit Sharing Plan and Trust, which comprise the statements of net assets available for benefits as of November 30, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended November 30, 2016, 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 audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, N.A., the trustee of the plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of November 30, 2016 and 2015 and for the year ended November 30, 2016, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of November 30, 2016 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance with Department of Labor's Rules and Regulations

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

The logo for UHY LLP, featuring the letters "UHY" in a stylized, cursive font, followed by "LLP" in a simpler, sans-serif font.

Farmington Hills, Michigan
July 20, 2017

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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 12/01/2015 and ending 11/30/2016

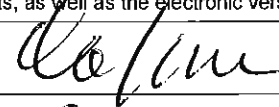
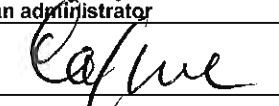
- A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first 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 Associated Retinal Consultants, P.C. Employees' 401(k) PS Plan and Trust	1b Three-digit plan number (PN) ▶ <u>002</u> 1c Effective date of plan <u>02/17/1971</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (Include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Associated Retinal Consultants, P.C. 39650 Orchard Hill Place Suite 200 Novi MI 48375	2b Employer Identification Number (EIN) <u>38-1946761</u> 2c Plan Sponsor's telephone number <u>248-319-0161</u> 2d Business code (see instructions) <u>621111</u>

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

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

SIGN HERE		<u>10 AUG 2017</u>	Antonio Capone, Jr. MD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>10 AUG 2017</u>	Antonio Capone, Jr. MD
	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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2015)
v. 150123

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor 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	5 157
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) 112
a(2) Total number of active participants at the end of the plan year	6a(2) 113
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 42
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 155
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 1
f Total. Add lines 6d and 6e	6f 156
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g 155
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: 2E 2G 2J 2K 2T	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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)
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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 **12/01/2015** and ending **11/30/2016**

A Name of plan Associated Retinal Consultants, P.C. Employees' 401(k) PS Plan and Trust	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 Associated Retinal Consultants, P.C.		
		D Employer Identification Number (EIN) 38-1946761

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
Dreyfus 13-5673135

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
Pimco Funds 95-2632339

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
Oakmark 04-3276558

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

Dodge & Cox

94-1441976

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

MFS

04-2747644

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

Janus

43-1804048

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

Franklin Templeton Investments

94-3167260

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

Invesco Van Kampen

58-2287224

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

Neuberger Berman

13-5521910

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

William Blair

36-2214610

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

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

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

Wells Fargo Bank, N.A.

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 62 49 63 50 64 52 60	Service Provider	10,144	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large;">2015</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2015 or fiscal plan year beginning 12/01/2015 and ending 11/30/2016		
A Name of plan Associated Retinal Consultants, P.C. Employees' 401(k) PS Plan and Trust	B Three-digit plan number (PN) ▶	002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 Associated Retinal Consultants, P.C.	D Employer Identification Number (EIN) 38-1946761	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:Wells Fargo Stable Return Fund 60

b Name of sponsor of entity listed in (a):Wells Fargo Bank, N.A.

c EIN-PN 52-2251407 001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1,718,516
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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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:
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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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:
--

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

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

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

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

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

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

SCHEDULE H (Form 5500) <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> 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 12/01/2015 and ending 11/30/2016		
A Name of plan Associated Retinal Consultants, P.C. Employees' 401(k) PS Plan and Trust		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 Associated Retinal Consultants, P.C.		D Employer Identification Number (EIN) 38-1946761

Part I 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	11,580
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	889,846	867,122
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	41,089	40,793
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	484,489	618,183
(2) U.S. Government securities.....	1c(2)	1,063,285	1,524,228
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	1,716,080	1,836,551
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	6,832,253	7,309,652
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	1,720,184	1,718,516
(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)	13,924,505	15,512,262
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	1,962,464	1,827,853

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	28,634,195	31,266,740

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	56,542	40,579
k Total liabilities (add all amounts in lines 1g through 1j)	1k	56,542	40,579

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	28,577,653	31,226,161
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	867,122	
(B) Participants	2a(1)(B)	556,877	
(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)		1,423,999
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1,297	
(B) U.S. Government securities	2b(1)(B)	75,825	
(C) Corporate debt instruments	2b(1)(C)	91,362	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	622	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		169,106
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	172,578	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	247,730	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		420,308
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	11,500,082	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	11,374,723	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		125,359
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	187,929	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		187,929

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		19,318
(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)		800,152
c Other income	2c		14,461
d Total income. Add all income amounts in column (b) and enter total	2d		3,160,632

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	479,399	
(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)		479,399
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	32,725	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		32,725
j Total expenses. Add all expense amounts in column (b) and enter total	2j		512,124

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2,648,508
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: UHY LLP

(2) EIN: 20-0694403

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

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

Part IV Compliance Questions

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

During the plan year:

	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.)		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.)		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			1,000,000
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 **12/01/2015** and ending **11/30/2016**

A Name of plan Associated Retinal Consultants, P.C. Employees' 401(k) PS Plan and Trust	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 Associated Retinal Consultants, P.C.	D Employer Identification Number (EIN) 38-1946761

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 41-6257133		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

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

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2015
v. 150123

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:		14a	
	a The current year			
	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
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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

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

AUDITED FINANCIAL STATEMENTS
AND
SUPPLEMENTARY INFORMATION

As of November 30, 2016 and 2015 and
for the year ended November 30, 2016

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

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INDEPENDENT AUDITOR'S REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Associated Retinal Consultants, P.C. Employees' 401(k) Profit Sharing Plan and Trust, which comprise the statements of net assets available for benefits as of November 30, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended November 30, 2016, 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 audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, N.A., the trustee of the plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of November 30, 2016 and 2015 and for the year ended November 30, 2016, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of November 30, 2016 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance with Department of Labor's Rules and Regulations

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

The logo for UHY LLP, featuring the letters "UHY" in a stylized, cursive font, followed by "LLP" in a simpler, sans-serif font.

Farmington Hills, Michigan
July 20, 2017

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

	November 30,	
	2016	2015
ASSETS		
Investments at fair value	\$ 30,347,245	\$ 27,703,260
Receivables:		
Employer contributions	867,122	889,846
Interest and dividends receivable	40,793	41,089
Total receivables	907,915	930,935
Cash - noninterest-bearing	11,580	-
Total assets	31,266,740	28,634,195
LIABILITY - Amounts owed for securities purchased	40,579	56,542
Net assets available for benefits	\$ 31,226,161	\$ 28,577,653

**ASSOCIATED RETINAL CONSULTANTS, P.C. EMPLOYEES'
401(K) PROFIT SHARING PLAN AND TRUST**
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended November 30, 2016

ADDITIONS TO NET ASSETS ATTRIBUTED TO

Investment income:	
Net appreciation in the fair value of investments	\$ 1,132,758
Interest and dividend income	589,414
Contributions	
Employer	867,122
Employee	556,877
Other income	<u>14,461</u>
Total additions	<u>3,160,632</u>

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO

Benefit payments to participants	479,399
Investment and administrative expenses	<u>32,725</u>
Total deductions	<u>512,124</u>

NET INCREASE IN NET ASSETS 2,648,508

NET ASSETS AVAILABLE FOR BENEFITS -

Beginning of year 28,577,653

NET ASSETS AVAILABLE FOR BENEFITS -

End of year \$ 31,226,161

**ASSOCIATED RETINAL CONSULTANTS, P.C. EMPLOYEES'
401(K) PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
November 30, 2016 and 2015**

NOTE 1 – PLAN DESCRIPTION

The following description of the Associated Retinal Consultants, P.C. (the “Company”) Employees’ 401(k) Profit Sharing Plan and Trust (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan covering all employees except for leased employees and employees covered by a collective bargaining agreement. Participation in the plan is discretionary for all eligible employees who exceed the 1,000 hour requirement of the Company and who are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Trustee

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

Contributions

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

Participant Accounts

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

**ASSOCIATED RETINAL CONSULTANTS, P.C. EMPLOYEES'
401(K) PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
November 30, 2016 and 2015**

NOTE 1 – PLAN DESCRIPTION (Continued)

Vesting

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

Payment of Benefits

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

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES

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

Basis of Accounting

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

Use of Estimates

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

**ASSOCIATED RETINAL CONSULTANTS, P.C. EMPLOYEES'
401(K) PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
November 30, 2016 and 2015**

NOTE 2 – SUMMARY OF 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. The Plan's investment committee determines the Plan's valuation policies utilizing information provided by the investment advisers. See Note 4 for discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

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

Subsequent Events

The plan sponsor has performed a review of events subsequent to the statements of net assets available for benefits date through July 20, 2017, the date the financials were available to be issued.

NOTE 3 – INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedule, including investments at November 30, 2016 and 2015, and net appreciation in fair value of investments, interest and dividends for the year ended November 30, 2016, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Wells Fargo Bank, N.A., the trustee of the Plan.

ASSOCIATED RETINAL CONSULTANTS, P.C. EMPLOYEES'
401(K) PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
November 30, 2016 and 2015

NOTE 4 – FAIR VALUE MEASUREMENTS

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

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

ASSOCIATED RETINAL CONSULTANTS, P.C. EMPLOYEES'
401(K) PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
November 30, 2016 and 2015

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at November 30, 2016 and 2015.

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

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

Common/collective trust: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner. There were no unfunded commitments at November 30, 2016 and 2015.

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

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

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 trustee 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.

**ASSOCIATED RETINAL CONSULTANTS, P.C. EMPLOYEES'
401(K) PROFIT SHARING PLAN AND TRUST**
NOTES TO FINANCIAL STATEMENTS
November 30, 2016 and 2015

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

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

	November 30, 2016			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$15,512,262	\$ -	\$ -	\$15,512,262
Common stocks	7,309,652	-	-	7,309,652
Corporate bonds	-	1,836,551	-	1,836,551
U.S. government securities	-	1,524,228	-	1,524,228
Mortgage/asset backed securities	-	1,827,853	-	1,827,853
Cash - interest-bearing	618,183	-	-	618,183
Total assets in the fair value hierarchy	23,440,097	5,188,632	-	28,628,729
Investments measured at net asset value ^(a)	-	-	-	1,718,516
Total assets at fair value	<u>\$23,440,097</u>	<u>\$ 5,188,632</u>	<u>\$ -</u>	<u>\$30,347,245</u>
	November 30, 2015			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$13,924,505	\$ -	\$ -	\$13,924,505
Common stocks	6,832,253	-	-	6,832,253
Corporate bonds	-	1,716,080	-	1,716,080
U.S. government securities	-	1,063,285	-	1,063,285
Mortgage/asset backed securities	-	1,962,464	-	1,962,464
Cash - interest-bearing	484,489	-	-	484,489
Total assets in the fair value hierarchy	21,241,247	4,741,829	-	25,983,076
Investments measured at net asset value ^(a)	-	-	-	1,720,184
Total assets at fair value	<u>\$21,241,247</u>	<u>\$ 4,741,829</u>	<u>\$ -</u>	<u>\$27,703,260</u>

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

NOTES TO FINANCIAL STATEMENTS

November 30, 2016 and 2015

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

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

The following table summarizes investments for which fair value is measured using the net asset per share practical expedient as of November 30, 2016 and 2015, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

<u>November 30, 2016</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Stable value collective trust	\$ 1,718,516	N/A	Daily	None
<u>November 30, 2015</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Stable value collective trust	\$ 1,720,184	N/A	Daily	None

NOTE 5 – PARTIES IN INTEREST TRANSACTIONS

In addition to the trust account investments in the Wells Fargo & Company Custodial Account (Note 3), Wells Fargo is paid a fee for administering the custodial account. Wells Fargo is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to Wells Fargo and allocated to each participant's account amounted to \$32,725 for the year ending November 30, 2016. Indirect fees paid by the Plan for investment management services are included in the net appreciation in fair value of the investments.

The Company pays a fee to Loomis Sayles & Company, LP and Wells Fargo for managing the Plan's assets. These transactions qualify as party-in-interest transactions. Fees paid by the Company to Loomis Sayles & Company, LP and Wells Fargo amounted to \$55,834 and \$39,433, respectively, for the year ending November 30, 2016.

**ASSOCIATED RETINAL CONSULTANTS, P.C. EMPLOYEES'
401(K) PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
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NOTE 6 – PLAN TERMINATIONS

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

NOTE 7 – TAX STATUS

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

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of November 30, 2016 and 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements.

NOTE 8 – RISKS AND UNCERTAINTIES

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

SUPPLEMENTARY INFORMATION

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

EIN #38-1946761, Plan Number: 002

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

November 30, 2016

(a) Party in interest	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Stable value collective trust			
*	Wells Fargo Stable Return Fund N60	20137.58	\$ 933,885	\$ 985,869
*	Wells Fargo Stable Return Fund N60	14965.224	711,857	732,647
	Cash equivalents			
	US Treasury Bill	DTD 3/31/16 3/30/17	24,960	24,959
*	Wells Fargo/Blackrock Short Term Inv Fund N	157337.69	157,338	157,338
*	Wells Fargo/Blackrock Short Term Inv Fund N	189586.38	189,586	189,586
*	Wells Fargo/Blackrock Short Term Inv Fund N	148170.83	148,171	148,171
	Bank Deposit Sweep	6676.080	6,676	6,676
	Bank Deposit Sweep	10215.020	10,215	10,215
	Bank Deposit Sweep	1716.420	1,716	1,716
	Bank Deposit Sweep	79520.910	79,521	79,522
	Bonds and notes - US Treasury			
	US Treasury Bond	2.250% 08/15/2046	69,707	61,776
	US Treasury Bond	2.500% 02/15/2045	18,595	17,960
	US Treasury Bond	2.875% 08/15/2045	14,843	14,549
	US Treasury Bond	3.000% 05/15/2045	34,716	34,819
	US Treasury Bond	3.125% 11/15/2041	115,224	97,241
	US Treasury Note	1.125% 06/30/2021	90,795	87,244
	US Treasury Note	1.125% 07/31/2021	145,072	140,395
	US Treasury Note	1.125% 08/31/2021	164,647	159,695
	US Treasury Note	1.125% 09/30/2021	9,942	9,663
	US Treasury Note	1.500% 08/15/2026	29,127	27,708
	US Treasury Note	1.625% 02/15/2026	63,822	60,986
	US Treasury Note	2.000% 08/15/2025	83,974	82,673
	US Treasury Note	2.125% 05/15/2025	44,455	44,276
	US Treasury Note	2.250% 11/15/2025	61,620	59,477
	US Treasury Note	2.250% 11/15/2024	40,375	39,866
	US Treasury Bond	4.250% 05/15/2039	136,135	116,290
	US Treasury Bond	4.500% 02/15/2036	74,199	76,418
	US Treasury Bond	6.000% 02/15/2026	34,627	39,081
	US Treasury Bond	3.625% 08/15/2043	14,714	16,786
	US Treasury Bond	3.750% 11/15/2043	252,557	286,025
	Bonds and notes - Corporate Bonds			
	Abbott Laboratories	2.900% 11/30/2021	29,947	29,871
	Abbott Laboratories	4.900% 11/30/2046	9,922	10,085
	Abbvie Inc	4.450% 05/14/2046	14,899	14,070
	Airgas Inc	3.050% 08/01/2020	9,981	10,231
	Albemarle Corp	3.000% 12/01/2019	4,994	5,089
	Alcoa Inc	6.750% 07/15/2018	16,809	15,956
	American Express Credit	1.125% 06/05/2017	14,963	14,997
	Amgen Inc	4.400% 05/01/2045	10,789	9,549
	Apple Inc	2.700% 05/13/2022	4,991	5,030
	Apple Inc	2.850% 02/23/2023	5,142	5,013
	Arch Capital Finance LLC	4.011% 12/15/2026	5,000	5,032
	Ares Capital Corp	3.625% 01/19/2022	19,928	19,498
	AT&T Inc	3.600% 02/17/2023	15,600	15,022
	AT&T Inc	5.500% 02/01/2018	5,935	5,205
	Avalonbay Communities	2.900% 10/15/2026	19,938	18,935
	Avnet Inc	3.750% 12/01/2021	9,978	10,032
	Bank of America Corp	6.875% 04/25/2018	10,562	10,670
	Bank of Montreal	1.500% 07/18/2019	9,990	9,870
	Bank of Montreal	1.900% 08/27/2021	14,972	14,553
	Bank of NY Mellon Corp	2.150% 02/24/2020	9,984	9,985
	Barrick NA Finance LLC	4.400% 05/30/2021	2,812	3,186
	Berkshire Hathaway Fin	1.300% 08/15/2019	9,990	9,866
	Boeing Co	2.500% 03/01/2025	9,759	9,704
	BP Capital Markets PLC	2.750% 05/10/2023	9,995	9,770
	BP Capital Markets PLC	3.723% 11/28/2028	25,000	25,158
	Buckeye Partners LP	3.950% 12/01/2026	19,929	19,176
	Bunge Limited Finance Co.	3.200% 06/15/2017	5,204	5,045
	Canadian Imperial Bank	1.600% 09/06/2019	14,997	14,838
	Caterpillar Financial SE	2.000% 03/05/2020	24,946	24,881
	Caterpillar Finl Service	1.700% 08/09/2021	34,928	33,686
	Chevron Corp	2.954% 05/16/2026	10,000	9,782
	Cisco Systems Inc	2.500% 09/20/2026	34,969	33,176
	Commonwealth Edison Co	3.650% 06/15/2046	9,935	9,376

(a) Party in interest	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	ConocoPhillips Company	2.875% 11/15/2021	5,059	5,023
	Consolidated Edison Co	4.300% 12/01/2056	9,913	9,869
	Crown Castle Intl Corp	5.250% 01/15/2023	5,459	5,435
	CSX Corp	2.600% 11/01/2026	19,919	18,739
	DCP Midstream Operating	4.950% 04/01/2022	10,691	10,175
	Delmarva Power & Light Co	4.150% 05/15/2045	14,987	14,527
	Deutsche Bank AG	3.375% 05/12/2021	9,970	9,676
	Devon Energy Corporation	5.850% 12/15/2025	9,996	11,103
	Domtar Corp	4.400% 04/01/2022	19,956	20,497
	DTE Energy Co	2.850% 10/01/2026	19,979	18,668
	Duke Energy Corp	3.750% 09/01/2046	19,989	17,881
	Duke Energy Florida LLC	3.400% 10/01/2046	9,944	8,853
	Ecolab Inc	2.700% 11/01/2026	9,969	9,524
	Ecopetrol SA	5.875% 09/18/2023	16,018	15,503
	Energy Transfer Partners	6.625% 10/15/2036	4,839	5,247
	Energy Transfer Partners	7.500% 07/01/2038	15,443	16,878
	Entergy Mississippi	6.640% 07/01/2019	9,994	11,053
	Exelon Generation Co LLC	4.250% 06/15/2022	5,249	5,200
	Express Scripts Holding	3.000% 07/15/2023	4,996	4,851
	Flowers Foods Inc	3.500% 10/01/2026	14,921	14,092
	Fortune Brands Home & SE	3.000% 06/15/2020	9,997	10,103
	General Dynamics Corp	2.125% 08/15/2026	19,791	18,527
	General Motors Financial Co	4.250% 05/15/2023	14,838	15,054
	Gilead Sciences Inc	2.500% 09/01/2023	9,965	9,620
	Goldman Sachs Group Inc	DTD 10/24/2023	25,000	25,227
	Goldman Sachs Group Inc	5.950% 01/18/2018	5,715	5,225
	HCP Inc	4.000% 12/01/2022	24,894	25,739
	Hewlett-Packard Co	4.300% 06/01/2021	15,206	15,749
	Hollyfrontier Corp	5.875% 04/01/2026	30,029	30,062
	Honeywell International	1.850% 11/01/2021	24,999	24,386
	Illinois Tool Works Inc	2.650% 11/15/2026	9,969	9,601
	Ingram Micro Inc	4.950% 12/15/2024	4,982	4,914
	Intel Corp	2.600% 05/19/2026	9,975	9,683
	Jabil Circuit Inc	5.625% 12/15/2020	5,375	5,313
	Jersey Central PWR & LT	7.350% 02/01/2019	9,987	10,994
	John Deere Capital Corp	1.250% 10/09/2019	14,970	14,727
	JP Morgan Chase & Co	DTD 10/24/2023	25,000	25,161
	JP Morgan Chase & Co	6.125% 06/27/2017	21,232	20,518
	Kellogg Co	2.650% 12/01/2023	19,982	19,324
	KFW	1.500% 02/06/2019	24,937	25,009
	Kinder Morgan Ener Part	6.850% 02/15/2020	5,969	5,569
	Life Technologies Corp	6.000% 03/01/2020	16,911	16,419
	Magna International Inc	3.625% 06/15/2024	9,988	10,136
	Marathon Petroleum Corp	5.850% 12/15/2045	14,962	13,838
	McKesson HBOC Inc	5.700% 03/01/2017	5,845	5,054
	Merrill Lynch & Co	6.400% 08/28/2017	22,859	20,697
	Methanex Corp	3.250% 12/15/2019	4,955	4,888
	Methanex Corp	5.650% 12/01/2044	9,935	8,468
	Morgan Stanley	DTD 10/24/2023	35,000	35,086
	Motorola Solutions Inc	3.500% 09/01/2021	14,818	15,074
	MUFG Americas Hldgs Corp	1.625% 02/09/2018	34,977	34,883
	National Rural Util Corp	DTD 04/30/2043	15,000	15,150
	Nextera Energy Capital	2.056% 09/01/2017	25,086	25,112
	Nisource Finance Corp	6.125% 03/01/2022	5,714	5,774
	Northrop Grumman Corp	3.200% 02/01/2027	9,984	9,951
	Oceaneering International Inc	4.650% 11/15/2024	9,961	9,700
	Oracle Corp	1.900% 09/15/2021	19,965	19,547
	Oracle Corp	3.900% 05/15/2035	5,124	4,891
	Paccar Financial Corp	1.200% 08/12/2019	5,000	4,915
	Pepsico Inc	3.450% 10/06/2046	14,878	13,383
	Pfizer Inc	3.000% 12/15/2026	14,872	14,787
	Pfizer Inc	4.000% 12/15/2036	14,928	15,050
	Philip Morris International Inc	2.900% 11/15/2021	5,061	5,082
	Pitney Bowes Inc	3.375% 10/01/2021	9,972	9,734
	Plains All Amer Pipeline	3.850% 10/15/2023	4,960	4,882
	Plains All Amer Pipeline	4.500% 12/15/2026	14,957	14,813
	Procter & Gamble Co	2.450% 11/03/2026	9,986	9,569
	Quest Diagnostic Inc	4.750% 01/30/2020	15,511	16,018
	Realty Income Corp	5.875% 03/15/2035	12,064	11,444
	Rio Tinto Fin USA Ltd	3.500% 03/22/2022	1,992	2,077
	Royal Bank of Canada	1.250% 06/16/2017	24,991	25,011
	Royal Bank of Canada	1.400% 10/13/2017	24,996	25,010
	Santander Holdings USA	2.700% 05/24/2019	14,997	14,984
	Scripps Networks Interac	3.950% 06/15/2025	4,991	5,045
	Shell International Fin	1.625% 11/10/2018	9,967	10,000
	Shell International Fin	3.750% 09/12/2046	9,954	8,973
	Shire Acq Inv Ireland DA	1.900% 09/23/2019	34,972	34,540

(a) Party in interest	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Simon Property Group LP	3.250% 11/30/2026	19,947	19,691
	Snap-on Inc	4.250% 01/15/2018	4,986	5,150
	Southern Co	2.150% 09/01/2019	4,988	5,006
	Southern Co	2.750% 06/15/2020	14,974	15,138
	Southern Co	3.250% 07/01/2026	9,964	9,744
	Southern Power Co	2.500% 12/15/2021	14,967	14,700
	Statoilhydro ASA	5.250% 04/15/2019	5,856	5,389
	Sumitomo Mitsui Finl Grp	3.010% 10/19/2026	25,000	23,861
	Time Warner Inc	3.800% 02/15/2027	9,962	9,952
	Toyota Motor Credit Corp	1.550% 10/18/2019	4,998	4,947
	Toyota Motor Credit Corp	2.250% 10/18/2023	19,947	19,260
	Transalta Corp	6.500% 03/15/2040	9,905	9,143
	Union Pacific Corp	3.250% 01/15/2025	9,967	10,206
	United Technologies Corp	4.500% 06/01/2042	5,452	5,293
	Ventas Realty LP	3.250% 10/15/2026	19,962	19,027
	Verizon Communications	4.400% 11/01/2034	19,855	19,480
	Virginia Elec & Power Co	4.000% 11/15/2046	9,953	9,931
	Wal-mark Stores Inc	6.500% 08/15/2037	7,275	6,773
	Walgreens Boots Alliance	1.750% 05/30/2018	9,996	10,018
	Western Union Co	3.350% 05/22/2019	4,998	5,098
	Western Union Co	3.650% 08/22/2018	9,991	10,264
	Westvaco Corp Del	7.950% 02/15/2031	17,596	19,629
	Whirlpool Corp	4.850% 06/15/2021	19,993	21,743
	Williams Partners LP	3.600% 03/15/2022	4,451	4,942
	Xerox Corporation	2.800% 05/15/2020	4,744	4,924
	21st Centy Fox Amer Inc	7.430% 10/01/2026	13,941	18,913
	3M Company	2.250% 09/19/2026	19,784	18,708
	Bonds and notes - Mortgage/Asset-Based Securities			
	Ally Master Owner Trust	1.830% 01/15/2021	34,995	35,119
	Americredit Automobile Receivable	1.680% 07/08/2019	5,000	5,010
	Americredit Automobile Receivable	1.830% 12/08/2021	14,998	14,867
	Americredit Automobile Receivable	2.470% 11/09/2020	9,999	10,108
	Americredit Automobile Receivable	2.730% 03/08/2021	20,000	20,238
	Americredit Automobile Receivable	2.870% 11/08/2021	5,000	5,051
	Banc Amer Coml Mtg. Tr 2007-2	5.688% 04/10/2049	7,252	9,186
	Bank of America Credit Card	DTD 06/15/2020	20,000	20,037
	Bank of America Credit Card	DTD 06/15/2021	20,000	20,052
	California Republic Auto Rec	1.890% 07/15/2020	9,999	9,994
	Capital Auto Receivables Asset	1.260% 05/21/2018	1,891	1,892
	Capital Auto Receivables Asset	1.780% 06/20/2019	24,994	25,049
	Capital One Multi-Asset Exect	1.660% 06/17/2024	34,990	34,158
	Carmax Auto Owner Trust	.790% 10/15/2018	2,785	2,784
	Carmax Auto Owner Trust	1.100% 07/16/2018	658	658
	Comm Mortgage Trust	2.928% 02/10/2047	15,450	15,311
	Comm Mortgage Trust	3.147% 02/10/2047	10,300	10,179
	Comm Mortgage Trust	3.653% 04/10/2047	15,449	15,827
	Comm Mortgage Trust	3.723% 10/10/2047	36,049	36,269
	Comm 2016-DC2 Mtg Tr	3.765% 02/10/2049	25,748	26,051
	Credit Suisse Mortgage Capital	DTD 9/15/2040	21,868	24,153
	Credit Suisse Mortgage Capital	DTD 6/15/2039	19,684	22,526
	Credit Suisse Mortgage Capital	DTD 02/15/2041	24,304	27,632
	Fed Home Ln Mtg Corp	2.811% 01/25/2025	36,049	35,452
	Fed Home Ln Mtg Corp	2.086% 03/25/2019	20,299	20,174
	Fed Home Ln Mtg Corp	2.522% 01/25/2023	4,645	5,022
	Fed Home Ln Mtg Corp	2.670% 12/25/2024	97,849	95,179
	Fed Home Ln Mtg Corp	2.699% 05/25/2018	14,990	15,076
	Fed Home Ln Mtg Corp	3.320% 02/25/2023	29,611	31,610
	Fed Home Ln Mtg Corp	4.186% 12/25/2020	74,532	81,229
	Fed Home Ln Mtg Corp	5.500% 01/15/2035	19,641	22,156
	Fed Home Ln Mtg Corp Pool #972164	DTD 01/01/2035	5,815	6,147
	Fed Home Ln Mtg Corp Pool #B11058	4.500% 11/01/2018	660	668
	Fed Home Ln Mtg Corp Pool #C00410	8.000% 07/01/2025	429	429
	Fed Natl Mtg Assn Pool #190308	7.500% 09/01/2030	390	192
	Fed Natl Mtg Assn Pool #535996	7.500% 05/01/2031	299	209
	Fed Natl Mtg Assn Pool #555603	6.000% 05/01/2018	91	82
	Fed Natl Mtg Assn Pool #555800	5.500% 10/10/2033	462	514
	Fed Natl Mtg Assn Pool #709169	5.500% 06/01/2033	888	921
	Fed Natl Mtg Assn Pool #725690	6.000% 08/01/2034	834	930
	Fed Natl Mtg Assn Pool #745406	6.000% 03/01/2021	1,020	1,075
	Fed Natl Mtg Assn Pool #745919	DTD 09/01/2036	1,789	1,881
	Fed Natl Mtg Assn Pool #922881	6.053% 02/01/2037	2,050	2,111
	Fed Natl Mtg Assn Pool #995570	5.500% 01/01/2039	1,558	1,597
	FHLMC Multifamily Structured P	1.780% 07/25/2019	25,249	24,990
	FHLMC Multifamily Structured P	2.406% 07/25/2049	56,648	55,257
	FHLMC Multifamily Structured P	3.974% 01/25/2021	55,547	59,171
	FHLMC Multifamily Structured P	DTD 02/25/2018	46,925	47,237
	FHLMC Multifamily Structured P	DTD 03/25/2023	14,876	14,881

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	FHLMC Multifamily Structured P Fifth Third Auto Trust	DTD 06/25/2021 .960% 03/15/2019	80,797 8,413	85,787 8,408
	Ford Credit Floorplan Master	1.200% 02/15/2019	9,999	10,001
	Govt Natl Mtg Assn II Pool #543467	4.491% 03/20/2063	20,635	19,271
	Govt Natl Mtg Assn II Pool #765177	4.682% 02/20/2062	22,284	21,770
	Govt Natl Mtg Assn II Pool #766520	4.514% 5/20/2062	20,334	19,378
	Govt Natl Mtg Assn II Pool #766526	4.520% 5/20/2062	15,793	15,047
	Govt Natl Mtg Assn II Pool #766529	4.604% 6/20/2062	24,568	23,302
	Govt Natl Mtg Assn II Pool #777434	4.496% 10/20/2062	19,796	18,419
	Govt Natl Mtg Assn II Pool #777440	4.466% 12/20/2062	26,479	24,864
	Govt Natl Mtg Assn II Pool #AA1678	4.689% 3/20/2062	22,585	21,729
	Govt Natl Mtg Assn II Pool #AA1681	4.547% 09/20/2062	23,008	21,237
	Govt Natl Mtg Assn II Pool #AA1696	4.606% 03/20/2063	27,101	25,804
	Govt Natl Mtg Assn Pool #323079	8.500% 05/15/2022	747	587
	Govt Natl Mtg Assn	DTD 05/20/2064	74,360	73,839
	Greenwich Capital Commercial Funding	5.736% 12/10/2049	21,059	19,993
	GS Mortgage Securities Corp.	5.993% 08/10/2045	27,229	25,970
	GS Mortgage Securities Trust	3.680% 04/12/2047	15,450	15,591
	Hyundai Auto Receivables Trust	.790% 07/16/2018	2,040	2,040
	J P Morgan Chase Commercial Mor Ser 2007	5.420% 01/15/2049	12,402	11,283
	J P Morgan Chase Coml Mtg Secs Tr	DTD 06/15/2049	32,185	30,778
	JPMBB Commercial Mortgage Securities	3.584% 04/15/2047	10,300	10,516
	LB-UBS Commercial Mortgage Tru	5.866% 09/15/2045	23,320	25,561
	Merrill Lynch Countrywide Commerce M	5.378% 08/12/2048	1,672	1,667
	Merrill Lynch/Countrywide Comm	5.700% 9/12/2049	22,507	21,734
	Morgan Stanley BAML Trust	3.306% 05/15/2046	10,300	10,142
	Morgan Stanley BAML Trust	3.669% 01/15/2047	15,527	15,753
	Morgan Stanley Capital I	DTD 4/15/2049	26,351	28,511
	NCUA Guaranteed Notes	DTD 12/07/2020	2,341	2,335
	NCUA Guaranteed Notes	DTD 10/07/2020	9,815	9,826
	NCUA Guaranteed Notes	DTD 12/08/2020	61,632	61,719
	Nissan Auto Receivables Owner	1.050% 10/15/2019	36,301	36,272
	Santander Drive Auto Receivable	2.260% 06/15/2021	19,996	19,937
	Santander Drive Auto Receivable	2.660% 11/15/2021	4,999	5,029
	Santander Drive Auto Receivable	2.970% 03/15/2021	15,000	15,179
	Smart Trust	1.050% 10/14/2018	3,503	3,503
	Smart Trust	1.180% 02/14/2019	4,976	4,971
	UBS-Barclays Commericia Mortgage Tr	3.244% 04/10/2046	15,814	15,380
	Wachovia BK Coml Mtg Tr	5.342% 12/15/2043	9,479	8,807
*	WF-RBS Commercial Mortgage Trust	3.638% 05/15/2047	30,899	31,519
*	WF-RBS Commercial Mortgage Trust	3.660% 03/15/2047	20,599	20,969
	World Financial Network Credit	3.140% 1/17/2023	34,999	36,103
	World Omni Auto Receivables Tr	1.570% 02/15/2022	19,995	19,818
	World Omni Auto Receivables Tr	1.140% 01/15/2020	11,164	11,163
	Federal Agency			
	Fed Natl Mgt Assn TBA 30 yr	4.000% 01/01/2039	26,570	26,297
	Municipal Bonds			
	New Jersey St Econ Dev Auth	1.702% 06/15/2017	25,000	25,003
	Equities			
	Abbott Labs	1664	66,762	63,348
	Advance Auto Pts	548	82,315	93,007
	Aetna Inc-New	407	48,935	53,252
	Alibaba Group Holding Ltd	150	14,524	14,103
	Alphabet Inc Cl A	25	8,116	19,397
	Alphabet Inc Cl C	35	13,974	26,531
	Allergan PLC	437	85,850	84,909
	Alliance Data Sys Corp	414	85,203	94,715
	Amazon Com Inc	25	17,939	18,764
	American Express	1004	78,835	72,328
	American International Group	1982	90,842	125,520
	Ameriprise Financial Inc	790	47,517	90,226
	Anadarko Petroleum Corp	1693	106,836	117,071
	Apple Inc	997	76,553	110,188
	Apple Inc	350	22,696	38,682
	Astrazeneca PLC	250	8,265	6,535
	Bank of America Corp	8931	131,329	188,623
	CBRE Group Inc	2335	59,907	67,808
	Celgene Corp	150	13,454	17,777
	Chevron Corp	1080	119,207	120,485
	Cisco Systems Inc	3972	90,654	118,445
	Citigroup, Inc	2300	106,541	129,697
	Comcast Corp Class A	2068	70,493	143,747
	CVS Health Corporation	1202	82,333	92,422
	Discover Financial Services	1393	46,976	94,404
	Dollar General Corp	1128	81,776	87,217
	Du Pont E I De Nemours & Co	1458	76,358	107,323
	Eaton Corp PLC	1280	76,771	85,133

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	Eli Lilly & Co	1043	57,089	70,006
	Facebook Inc	580	18,534	68,684
	Fifth Third Bank Corp	3229	59,246	84,019
	FNF Group	2445	71,021	78,093
	General Motors Co	259.364	8,083	8,956
	Halliburton Co	2886	121,232	153,218
	Harley Davidson Inc	1234	66,811	75,138
	Harris Corp Del	1010	83,894	104,596
	Hess Corp	1519	84,535	85,003
	Home Depot	75	10,214	9,705
	Honeywell International Inc.	934	69,249	106,420
	Humana Inc	274	47,666	58,263
	Johnson Controls Intl	2042	91,385	91,849
	JPMorgan Chase & Co	150	11,542	12,026
	JPMorgan Chase & Co	2840	130,938	227,680
	Liberty Interactive Corp	3526	67,479	73,023
	Marathon Petroleum Corp	1593	69,310	74,903
	Medtronic PLC	1599	121,299	116,743
	Merck & Co Inc	2166	95,134	132,538
	MetLife Inc	2106	92,004	115,851
	Microbot Medical	46	466	376
	Microsoft Corp	2842	98,730	171,259
	Mondelez International Inc	2417	80,542	99,677
	National Storage Affiliates	412.197	8,121	8,483
	National Oilwell Varco Inc	1696	92,645	63,363
	Netflix	150	15,647	17,550
	Newell Brands	1874	82,410	88,097
	Nextera Energy Inc	889	78,165	101,550
	Norfolk Southern Corp	935	72,030	99,540
	Northrop Grumman Corp	455	32,432	113,591
	NVIDIA Corp	150	8,840	13,830
	Ophthotech Corp	600	28,256	18,390
	Oracle Corporation	2492	101,117	100,153
	Outfront Media Inc	1489	33,464	37,538
	Paypal Holdings	50	2,136	1,964
	Pepsico Inc	968	68,039	96,897
	Pentair PLC	1506	92,391	86,535
	Pfizer Inc	4374	109,848	140,580
	Philip Morris International	1218	107,677	107,525
	PG&E Corp Com	1657	86,261	97,432
	PNC Financial Services Group	1316	95,817	145,471
	Qualcomm Inc	1635	107,837	111,393
	Ralph Lauren Corporation	649	95,133	67,892
	Royal Dutch Shell PLC	1764	125,910	90,140
	Sealed Air Corp Com	2137	57,223	97,447
	Starbucks Corp	400	17,476	23,188
	State Street Corp	962	62,215	75,806
	Symantec Corp	3094	65,145	75,463
	Tesla Motors Inc	50	10,418	9,470
	Teva Pharmaceutical Industries	2082	107,353	78,491
	Travelers Companies Inc.	860	62,455	97,481
	Twitter Inc	400	12,214	7,396
	Unitedhealth Group Inc	905	48,524	143,280
	United Technologies Corp	1352	149,455	145,637
	Ulta Salon Cosmetics & Frag	15	1,786	3,893
	UNUM Group	2039	56,404	86,189
	Verizon Communications	1973	98,249	98,453
	Vodafone Group PLC	2398	113,668	58,607
	Vulcan Materials Co	669	37,615	84,060
	Vulcan Materials Co	75.266	7,728	9,457
	Walt Disney Co	200	19,284	19,824
*	Wells Fargo & Co	3673	148,428	194,375
	Weyerhaeuser Co	3034	81,879	93,538
	Mutual Funds			
	American Balanced Fund R5	20248.933	452,017	509,463
	American Europacific Growth R5	3443.778	153,116	156,692
	American Funds American Mutual R5	22195.48	773,833	828,779
	American New Perspectives R5	14451.355	447,172	526,607
	Dodge & Cox Int'l Stock Fund	6067.229	231,776	233,892
	Dodge & Cox Stock Fund	2057.958	320,652	388,563
	Eagle Mid Cap Growth Fund Class A	7017.557	304,146	312,983
	Franklin Small - Mid Capital Growth I-A	14392.741	503,655	488,777
	Invesco Small Cap Equity Fund - Y	2752.667	39,344	42,033
	Janus Fund Class T	26249.366	876,470	918,465
	JPMorgan US Equity Fund A	49809.063	730,537	742,653
	MFS Growth Fund	1930.038	137,071	137,361
	MFS Value Fund Class-A	27063.117	721,347	984,556

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	Oakmark Equity & Income Class I	41816.163	1,277,716	1,253,230
	Vanguard Small Cap Index Fund - ADM	1011.894	55,334	61,705
	WM Blair International Growth Fund Class N	22499.231	497,541	539,307
*	Loomis Sayles Institutional High Income Fund	143363.575	1,023,685	980,607
*	Loomis Sayles Small - Cap Value Fund I	89406.743	2,223,332	3,265,135
	Oakmark Global Select Fund Class I	123860.532	2,120,966	2,030,074
*	Loomis Sayles Invmt Grd Bond A	4627.456	51,770	52,059
*	Natixis Loomis Sayles C/P Bond	7024.135	89,888	88,855
	Pimco Total Return CL-A	39586.63	418,024	395,470
*	Wells Fargo Index Fund Admin	7475.562	409,691	501,236
	Closed End Funds Equity			
	Amex Technology Select SPDR	500	14,074	23,750
	First TrustIndst/Producers	143.257	4,039	4,705
	Ishares Global Tech ETF	51.568	4,287	5,636
	Powershares Exchange - Traded Fund	500	14,001	16,595
	Proshares Ultra S&P 500	25.021	1,784	1,834
	Vanguard Dividend Appreciation	250	14,868	21,190
	Wisdomtree Japan Hedged	1.011	50	50
			<u>\$ 27,369,674</u>	<u>\$ 30,347,245</u>

* Party-in-interest

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

EIN #38-1946761, Plan Number: 002

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

November 30, 2016

(a) Party in interest	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Stable value collective trust			
*	Wells Fargo Stable Return Fund N60	20137.58	\$ 933,885	\$ 985,869
*	Wells Fargo Stable Return Fund N60	14965.224	711,857	732,647
	Cash equivalents			
	US Treasury Bill	DTD 3/31/16 3/30/17	24,960	24,959
*	Wells Fargo/Blackrock Short Term Inv Fund N	157337.69	157,338	157,338
*	Wells Fargo/Blackrock Short Term Inv Fund N	189586.38	189,586	189,586
*	Wells Fargo/Blackrock Short Term Inv Fund N	148170.83	148,171	148,171
	Bank Deposit Sweep	6676.080	6,676	6,676
	Bank Deposit Sweep	10215.020	10,215	10,215
	Bank Deposit Sweep	1716.420	1,716	1,716
	Bank Deposit Sweep	79520.910	79,521	79,522
	Bonds and notes - US Treasury			
	US Treasury Bond	2.250% 08/15/2046	69,707	61,776
	US Treasury Bond	2.500% 02/15/2045	18,595	17,960
	US Treasury Bond	2.875% 08/15/2045	14,843	14,549
	US Treasury Bond	3.000% 05/15/2045	34,716	34,819
	US Treasury Bond	3.125% 11/15/2041	115,224	97,241
	US Treasury Note	1.125% 06/30/2021	90,795	87,244
	US Treasury Note	1.125% 07/31/2021	145,072	140,395
	US Treasury Note	1.125% 08/31/2021	164,647	159,695
	US Treasury Note	1.125% 09/30/2021	9,942	9,663
	US Treasury Note	1.500% 08/15/2026	29,127	27,708
	US Treasury Note	1.625% 02/15/2026	63,822	60,986
	US Treasury Note	2.000% 08/15/2025	83,974	82,673
	US Treasury Note	2.125% 05/15/2025	44,455	44,276
	US Treasury Note	2.250% 11/15/2025	61,620	59,477
	US Treasury Note	2.250% 11/15/2024	40,375	39,866
	US Treasury Bond	4.250% 05/15/2039	136,135	116,290
	US Treasury Bond	4.500% 02/15/2036	74,199	76,418
	US Treasury Bond	6.000% 02/15/2026	34,627	39,081
	US Treasury Bond	3.625% 08/15/2043	14,714	16,786
	US Treasury Bond	3.750% 11/15/2043	252,557	286,025
	Bonds and notes - Corporate Bonds			
	Abbott Laboratories	2.900% 11/30/2021	29,947	29,871
	Abbott Laboratories	4.900% 11/30/2046	9,922	10,085
	Abbvie Inc	4.450% 05/14/2046	14,899	14,070
	Airgas Inc	3.050% 08/01/2020	9,981	10,231
	Albemarle Corp	3.000% 12/01/2019	4,994	5,089
	Alcoa Inc	6.750% 07/15/2018	16,809	15,956
	American Express Credit	1.125% 06/05/2017	14,963	14,997
	Amgen Inc	4.400% 05/01/2045	10,789	9,549
	Apple Inc	2.700% 05/13/2022	4,991	5,030
	Apple Inc	2.850% 02/23/2023	5,142	5,013
	Arch Capital Finance LLC	4.011% 12/15/2026	5,000	5,032
	Ares Capital Corp	3.625% 01/19/2022	19,928	19,498
	AT&T Inc	3.600% 02/17/2023	15,600	15,022
	AT&T Inc	5.500% 02/01/2018	5,935	5,205
	Avalonbay Communities	2.900% 10/15/2026	19,938	18,935
	Avnet Inc	3.750% 12/01/2021	9,978	10,032
	Bank of America Corp	6.875% 04/25/2018	10,562	10,670
	Bank of Montreal	1.500% 07/18/2019	9,990	9,870
	Bank of Montreal	1.900% 08/27/2021	14,972	14,553
	Bank of NY Mellon Corp	2.150% 02/24/2020	9,984	9,985
	Barrick NA Finance LLC	4.400% 05/30/2021	2,812	3,186
	Berkshire Hathaway Fin	1.300% 08/15/2019	9,990	9,866
	Boeing Co	2.500% 03/01/2025	9,759	9,704
	BP Capital Markets PLC	2.750% 05/10/2023	9,995	9,770
	BP Capital Markets PLC	3.723% 11/28/2028	25,000	25,158
	Buckeye Partners LP	3.950% 12/01/2026	19,929	19,176
	Bunge Limited Finance Co.	3.200% 06/15/2017	5,204	5,045
	Canadian Imperial Bank	1.600% 09/06/2019	14,997	14,838
	Caterpillar Financial SE	2.000% 03/05/2020	24,946	24,881
	Caterpillar Finl Service	1.700% 08/09/2021	34,928	33,686
	Chevron Corp	2.954% 05/16/2026	10,000	9,782
	Cisco Systems Inc	2.500% 09/20/2026	34,969	33,176
	Commonwealth Edison Co	3.650% 06/15/2046	9,935	9,376

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	ConocoPhillips Company	2.875% 11/15/2021	5,059	5,023
	Consolidated Edison Co	4.300% 12/01/2056	9,913	9,869
	Crown Castle Intl Corp	5.250% 01/15/2023	5,459	5,435
	CSX Corp	2.600% 11/01/2026	19,919	18,739
	DCP Midstream Operating	4.950% 04/01/2022	10,691	10,175
	Delmarva Power & Light Co	4.150% 05/15/2045	14,987	14,527
	Deutsche Bank AG	3.375% 05/12/2021	9,970	9,676
	Devon Energy Corporation	5.850% 12/15/2025	9,996	11,103
	Domtar Corp	4.400% 04/01/2022	19,956	20,497
	DTE Energy Co	2.850% 10/01/2026	19,979	18,668
	Duke Energy Corp	3.750% 09/01/2046	19,989	17,881
	Duke Energy Florida LLC	3.400% 10/01/2046	9,944	8,853
	Ecolab Inc	2.700% 11/01/2026	9,969	9,524
	Ecopetrol SA	5.875% 09/18/2023	16,018	15,503
	Energy Transfer Partners	6.625% 10/15/2036	4,839	5,247
	Energy Transfer Partners	7.500% 07/01/2038	15,443	16,878
	Entergy Mississippi	6.640% 07/01/2019	9,994	11,053
	Exelon Generation Co LLC	4.250% 06/15/2022	5,249	5,200
	Express Scripts Holding	3.000% 07/15/2023	4,996	4,851
	Flowers Foods Inc	3.500% 10/01/2026	14,921	14,092
	Fortune Brands Home & SE	3.000% 06/15/2020	9,997	10,103
	General Dynamics Corp	2.125% 08/15/2026	19,791	18,527
	General Motors Financial Co	4.250% 05/15/2023	14,838	15,054
	Gilead Sciences Inc	2.500% 09/01/2023	9,965	9,620
	Goldman Sachs Group Inc	DTD 10/24/2023	25,000	25,227
	Goldman Sachs Group Inc	5.950% 01/18/2018	5,715	5,225
	HCP Inc	4.000% 12/01/2022	24,894	25,739
	Hewlett-Packard Co	4.300% 06/01/2021	15,206	15,749
	Hollyfrontier Corp	5.875% 04/01/2026	30,029	30,062
	Honeywell International	1.850% 11/01/2021	24,999	24,386
	Illinois Tool Works Inc	2.650% 11/15/2026	9,969	9,601
	Ingram Micro Inc	4.950% 12/15/2024	4,982	4,914
	Intel Corp	2.600% 05/19/2026	9,975	9,683
	Jabil Circuit Inc	5.625% 12/15/2020	5,375	5,313
	Jersey Central PWR & LT	7.350% 02/01/2019	9,987	10,994
	John Deere Capital Corp	1.250% 10/09/2019	14,970	14,727
	JP Morgan Chase & Co	DTD 10/24/2023	25,000	25,161
	JP Morgan Chase & Co	6.125% 06/27/2017	21,232	20,518
	Kellogg Co	2.650% 12/01/2023	19,982	19,324
	KFW	1.500% 02/06/2019	24,937	25,009
	Kinder Morgan Ener Part	6.850% 02/15/2020	5,969	5,569
	Life Technologies Corp	6.000% 03/01/2020	16,911	16,419
	Magna International Inc	3.625% 06/15/2024	9,988	10,136
	Marathon Petroleum Corp	5.850% 12/15/2045	14,962	13,838
	McKesson HBOC Inc	5.700% 03/01/2017	5,845	5,054
	Merrill Lynch & Co	6.400% 08/28/2017	22,859	20,697
	Methanex Corp	3.250% 12/15/2019	4,955	4,888
	Methanex Corp	5.650% 12/01/2044	9,935	8,468
	Morgan Stanley	DTD 10/24/2023	35,000	35,086
	Motorola Solutions Inc	3.500% 09/01/2021	14,818	15,074
	MUFG Americas Hldgs Corp	1.625% 02/09/2018	34,977	34,883
	National Rural Util Corp	DTD 04/30/2043	15,000	15,150
	Nextera Energy Capital	2.056% 09/01/2017	25,086	25,112
	Nisource Finance Corp	6.125% 03/01/2022	5,714	5,774
	Northrop Grumman Corp	3.200% 02/01/2027	9,984	9,951
	Oceaneering International Inc	4.650% 11/15/2024	9,961	9,700
	Oracle Corp	1.900% 09/15/2021	19,965	19,547
	Oracle Corp	3.900% 05/15/2035	5,124	4,891
	Paccar Financial Corp	1.200% 08/12/2019	5,000	4,915
	Pepsico Inc	3.450% 10/06/2046	14,878	13,383
	Pfizer Inc	3.000% 12/15/2026	14,872	14,787
	Pfizer Inc	4.000% 12/15/2036	14,928	15,050
	Philip Morris International Inc	2.900% 11/15/2021	5,061	5,082
	Pitney Bowes Inc	3.375% 10/01/2021	9,972	9,734
	Plains All Amer Pipeline	3.850% 10/15/2023	4,960	4,882
	Plains All Amer Pipeline	4.500% 12/15/2026	14,957	14,813
	Procter & Gamble Co	2.450% 11/03/2026	9,986	9,569
	Quest Diagnostic Inc	4.750% 01/30/2020	15,511	16,018
	Realty Income Corp	5.875% 03/15/2035	12,064	11,444
	Rio Tinto Fin USA Ltd	3.500% 03/22/2022	1,992	2,077
	Royal Bank of Canada	1.250% 06/16/2017	24,991	25,011
	Royal Bank of Canada	1.400% 10/13/2017	24,996	25,010
	Santander Holdings USA	2.700% 05/24/2019	14,997	14,984
	Scripps Networks Interac	3.950% 06/15/2025	4,991	5,045
	Shell International Fin	1.625% 11/10/2018	9,967	10,000
	Shell International Fin	3.750% 09/12/2046	9,954	8,973
	Shire Acq Inv Ireland DA	1.900% 09/23/2019	34,972	34,540

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	Simon Property Group LP	3.250% 11/30/2026	19,947	19,691
	Snap-on Inc	4.250% 01/15/2018	4,986	5,150
	Southern Co	2.150% 09/01/2019	4,988	5,006
	Southern Co	2.750% 06/15/2020	14,974	15,138
	Southern Co	3.250% 07/01/2026	9,964	9,744
	Southern Power Co	2.500% 12/15/2021	14,967	14,700
	Statoilhydro ASA	5.250% 04/15/2019	5,856	5,389
	Sumitomo Mitsui Finl Grp	3.010% 10/19/2026	25,000	23,861
	Time Warner Inc	3.800% 02/15/2027	9,962	9,952
	Toyota Motor Credit Corp	1.550% 10/18/2019	4,998	4,947
	Toyota Motor Credit Corp	2.250% 10/18/2023	19,947	19,260
	Transalta Corp	6.500% 03/15/2040	9,905	9,143
	Union Pacific Corp	3.250% 01/15/2025	9,967	10,206
	United Technologies Corp	4.500% 06/01/2042	5,452	5,293
	Ventas Realty LP	3.250% 10/15/2026	19,962	19,027
	Verizon Communications	4.400% 11/01/2034	19,855	19,480
	Virginia Elec & Power Co	4.000% 11/15/2046	9,953	9,931
	Wal-mark Stores Inc	6.500% 08/15/2037	7,275	6,773
	Walgreens Boots Alliance	1.750% 05/30/2018	9,996	10,018
	Western Union Co	3.350% 05/22/2019	4,998	5,098
	Western Union Co	3.650% 08/22/2018	9,991	10,264
	Westvaco Corp Del	7.950% 02/15/2031	17,596	19,629
	Whirlpool Corp	4.850% 06/15/2021	19,993	21,743
	Williams Partners LP	3.600% 03/15/2022	4,451	4,942
	Xerox Corporation	2.800% 05/15/2020	4,744	4,924
	21st Centy Fox Amer Inc	7.430% 10/01/2026	13,941	18,913
	3M Company	2.250% 09/19/2026	19,784	18,708
	Bonds and notes - Mortgage/Asset-Based Securities			
	Ally Master Owner Trust	1.830% 01/15/2021	34,995	35,119
	Americredit Automobile Receivable	1.680% 07/08/2019	5,000	5,010
	Americredit Automobile Receivable	1.830% 12/08/2021	14,998	14,867
	Americredit Automobile Receivable	2.470% 11/09/2020	9,999	10,108
	Americredit Automobile Receivable	2.730% 03/08/2021	20,000	20,238
	Americredit Automobile Receivable	2.870% 11/08/2021	5,000	5,051
	Banc Amer Coml Mtg. Tr 2007-2	5.688% 04/10/2049	7,252	9,186
	Bank of America Credit Card	DTD 06/15/2020	20,000	20,037
	Bank of America Credit Card	DTD 06/15/2021	20,000	20,052
	California Republic Auto Rec	1.890% 07/15/2020	9,999	9,994
	Capital Auto Receivables Asset	1.260% 05/21/2018	1,891	1,892
	Capital Auto Receivables Asset	1.780% 06/20/2019	24,994	25,049
	Capital One Multi-Asset Exect	1.660% 06/17/2024	34,990	34,158
	Carmax Auto Owner Trust	.790% 10/15/2018	2,785	2,784
	Carmax Auto Owner Trust	1.100% 07/16/2018	658	658
	Comm Mortgage Trust	2.928% 02/10/2047	15,450	15,311
	Comm Mortgage Trust	3.147% 02/10/2047	10,300	10,179
	Comm Mortgage Trust	3.653% 04/10/2047	15,449	15,827
	Comm Mortgage Trust	3.723% 10/10/2047	36,049	36,269
	Comm 2016-DC2 Mtg Tr	3.765% 02/10/2049	25,748	26,051
	Credit Suisse Mortgage Capital	DTD 9/15/2040	21,868	24,153
	Credit Suisse Mortgage Capital	DTD 6/15/2039	19,684	22,526
	Credit Suisse Mortgage Capital	DTD 02/15/2041	24,304	27,632
	Fed Home Ln Mtg Corp	2.811% 01/25/2025	36,049	35,452
	Fed Home Ln Mtg Corp	2.086% 03/25/2019	20,299	20,174
	Fed Home Ln Mtg Corp	2.522% 01/25/2023	4,645	5,022
	Fed Home Ln Mtg Corp	2.670% 12/25/2024	97,849	95,179
	Fed Home Ln Mtg Corp	2.699% 05/25/2018	14,990	15,076
	Fed Home Ln Mtg Corp	3.320% 02/25/2023	29,611	31,610
	Fed Home Ln Mtg Corp	4.186% 12/25/2020	74,532	81,229
	Fed Home Ln Mtg Corp	5.500% 01/15/2035	19,641	22,156
	Fed Home Ln Mtg Corp Pool #972164	DTD 01/01/2035	5,815	6,147
	Fed Home Ln Mtg Corp Pool #B11058	4.500% 11/01/2018	660	668
	Fed Home Ln Mtg Corp Pool #C00410	8.000% 07/01/2025	429	429
	Fed Natl Mtg Assn Pool #190308	7.500% 09/01/2030	390	192
	Fed Natl Mtg Assn Pool #535996	7.500% 05/01/2031	299	209
	Fed Natl Mtg Assn Pool #555603	6.000% 05/01/2018	91	82
	Fed Natl Mtg Assn Pool #555800	5.500% 10/10/2033	462	514
	Fed Natl Mtg Assn Pool #709169	5.500% 06/01/2033	888	921
	Fed Natl Mtg Assn Pool #725690	6.000% 08/01/2034	834	930
	Fed Natl Mtg Assn Pool #745406	6.000% 03/01/2021	1,020	1,075
	Fed Natl Mtg Assn Pool #745919	DTD 09/01/2036	1,789	1,881
	Fed Natl Mtg Assn Pool #922881	6.053% 02/01/2037	2,050	2,111
	Fed Natl Mtg Assn Pool #995570	5.500% 01/01/2039	1,558	1,597
	FHLMC Multifamily Structured P	1.780% 07/25/2019	25,249	24,990
	FHLMC Multifamily Structured P	2.406% 07/25/2049	56,648	55,257
	FHLMC Multifamily Structured P	3.974% 01/25/2021	55,547	59,171
	FHLMC Multifamily Structured P	DTD 02/25/2018	46,925	47,237
	FHLMC Multifamily Structured P	DTD 03/25/2023	14,876	14,881

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	FHLMC Multifamily Structured P Fifth Third Auto Trust	DTD 06/25/2021 .960% 03/15/2019	80,797 8,413	85,787 8,408
	Ford Credit Floorplan Master	1.200% 02/15/2019	9,999	10,001
	Govt Natl Mtg Assn II Pool #543467	4.491% 03/20/2063	20,635	19,271
	Govt Natl Mtg Assn II Pool #765177	4.682% 02/20/2062	22,284	21,770
	Govt Natl Mtg Assn II Pool #766520	4.514% 5/20/2062	20,334	19,378
	Govt Natl Mtg Assn II Pool #766526	4.520% 5/20/2062	15,793	15,047
	Govt Natl Mtg Assn II Pool #766529	4.604% 6/20/2062	24,568	23,302
	Govt Natl Mtg Assn II Pool #777434	4.496% 10/20/2062	19,796	18,419
	Govt Natl Mtg Assn II Pool #777440	4.466% 12/20/2062	26,479	24,864
	Govt Natl Mtg Assn II Pool #AA1678	4.689% 3/20/2062	22,585	21,729
	Govt Natl Mtg Assn II Pool #AA1681	4.547% 09/20/2062	23,008	21,237
	Govt Natl Mtg Assn II Pool #AA1696	4.606% 03/20/2063	27,101	25,804
	Govt Natl Mtg Assn Pool #323079	8.500% 05/15/2022	747	587
	Govt Natl Mtg Assn	DTD 05/20/2064	74,360	73,839
	Greenwich Capital Commercial Funding	5.736% 12/10/2049	21,059	19,993
	GS Mortgage Securities Corp.	5.993% 08/10/2045	27,229	25,970
	GS Mortgage Securities Trust	3.680% 04/12/2047	15,450	15,591
	Hyundai Auto Receivables Trust	.790% 07/16/2018	2,040	2,040
	J P Morgan Chase Commercial Mor Ser 2007	5.420% 01/15/2049	12,402	11,283
	J P Morgan Chase Coml Mtg Secs Tr	DTD 06/15/2049	32,185	30,778
	JPMBB Commercial Mortgage Securities	3.584% 04/15/2047	10,300	10,516
	LB-UBS Commercial Mortgage Tru	5.866% 09/15/2045	23,320	25,561
	Merrill Lynch Countrywide Commerce M	5.378% 08/12/2048	1,672	1,667
	Merrill Lynch/Countrywide Comm	5.700% 9/12/2049	22,507	21,734
	Morgan Stanley BAML Trust	3.306% 05/15/2046	10,300	10,142
	Morgan Stanley BAML Trust	3.669% 01/15/2047	15,527	15,753
	Morgan Stanley Capital I	DTD 4/15/2049	26,351	28,511
	NCUA Guaranteed Notes	DTD 12/07/2020	2,341	2,335
	NCUA Guaranteed Notes	DTD 10/07/2020	9,815	9,826
	NCUA Guaranteed Notes	DTD 12/08/2020	61,632	61,719
	Nissan Auto Receivables Owner	1.050% 10/15/2019	36,301	36,272
	Santander Drive Auto Receivable	2.260% 06/15/2021	19,996	19,937
	Santander Drive Auto Receivable	2.660% 11/15/2021	4,999	5,029
	Santander Drive Auto Receivable	2.970% 03/15/2021	15,000	15,179
	Smart Trust	1.050% 10/14/2018	3,503	3,503
	Smart Trust	1.180% 02/14/2019	4,976	4,971
	UBS-Barclays Commericia Mortgage Tr	3.244% 04/10/2046	15,814	15,380
	Wachovia BK Coml Mtg Tr	5.342% 12/15/2043	9,479	8,807
*	WF-RBS Commercial Mortgage Trust	3.638% 05/15/2047	30,899	31,519
*	WF-RBS Commercial Mortgage Trust	3.660% 03/15/2047	20,599	20,969
	World Financial Network Credit	3.140% 1/17/2023	34,999	36,103
	World Omni Auto Receivables Tr	1.570% 02/15/2022	19,995	19,818
	World Omni Auto Receivables Tr	1.140% 01/15/2020	11,164	11,163
	Federal Agency			
	Fed Natl Mgt Assn TBA 30 yr	4.000% 01/01/2039	26,570	26,297
	Municipal Bonds			
	New Jersey St Econ Dev Auth	1.702% 06/15/2017	25,000	25,003
	Equities			
	Abbott Labs	1664	66,762	63,348
	Advance Auto Pts	548	82,315	93,007
	Aetna Inc-New	407	48,935	53,252
	Alibaba Group Holding Ltd	150	14,524	14,103
	Alphabet Inc Cl A	25	8,116	19,397
	Alphabet Inc Cl C	35	13,974	26,531
	Allergan PLC	437	85,850	84,909
	Alliance Data Sys Corp	414	85,203	94,715
	Amazon Com Inc	25	17,939	18,764
	American Express	1004	78,835	72,328
	American International Group	1982	90,842	125,520
	Ameriprise Financial Inc	790	47,517	90,226
	Anadarko Petroleum Corp	1693	106,836	117,071
	Apple Inc	997	76,553	110,188
	Apple Inc	350	22,696	38,682
	Astrazeneca PLC	250	8,265	6,535
	Bank of America Corp	8931	131,329	188,623
	CBRE Group Inc	2335	59,907	67,808
	Celgene Corp	150	13,454	17,777
	Chevron Corp	1080	119,207	120,485
	Cisco Systems Inc	3972	90,654	118,445
	Citigroup, Inc	2300	106,541	129,697
	Comcast Corp Class A	2068	70,493	143,747
	CVS Health Corporation	1202	82,333	92,422
	Discover Financial Services	1393	46,976	94,404
	Dollar General Corp	1128	81,776	87,217
	Du Pont E I De Nemours & Co	1458	76,358	107,323
	Eaton Corp PLC	1280	76,771	85,133

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	Eli Lilly & Co	1043	57,089	70,006
	Facebook Inc	580	18,534	68,684
	Fifth Third Bank Corp	3229	59,246	84,019
	FNF Group	2445	71,021	78,093
	General Motors Co	259.364	8,083	8,956
	Halliburton Co	2886	121,232	153,218
	Harley Davidson Inc	1234	66,811	75,138
	Harris Corp Del	1010	83,894	104,596
	Hess Corp	1519	84,535	85,003
	Home Depot	75	10,214	9,705
	Honeywell International Inc.	934	69,249	106,420
	Humana Inc	274	47,666	58,263
	Johnson Controls Intl	2042	91,385	91,849
	JPMorgan Chase & Co	150	11,542	12,026
	JPMorgan Chase & Co	2840	130,938	227,680
	Liberty Interactive Corp	3526	67,479	73,023
	Marathon Petroleum Corp	1593	69,310	74,903
	Medtronic PLC	1599	121,299	116,743
	Merck & Co Inc	2166	95,134	132,538
	MetLife Inc	2106	92,004	115,851
	Microbot Medical	46	466	376
	Microsoft Corp	2842	98,730	171,259
	Mondelez International Inc	2417	80,542	99,677
	National Storage Affiliates	412.197	8,121	8,483
	National Oilwell Varco Inc	1696	92,645	63,363
	Netflix	150	15,647	17,550
	Newell Brands	1874	82,410	88,097
	Nextera Energy Inc	889	78,165	101,550
	Norfolk Southern Corp	935	72,030	99,540
	Northrop Grumman Corp	455	32,432	113,591
	NVIDIA Corp	150	8,840	13,830
	Ophthotech Corp	600	28,256	18,390
	Oracle Corporation	2492	101,117	100,153
	Outfront Media Inc	1489	33,464	37,538
	Paypal Holdings	50	2,136	1,964
	Pepsico Inc	968	68,039	96,897
	Pentair PLC	1506	92,391	86,535
	Pfizer Inc	4374	109,848	140,580
	Philip Morris International	1218	107,677	107,525
	PG&E Corp Com	1657	86,261	97,432
	PNC Financial Services Group	1316	95,817	145,471
	Qualcomm Inc	1635	107,837	111,393
	Ralph Lauren Corporation	649	95,133	67,892
	Royal Dutch Shell PLC	1764	125,910	90,140
	Sealed Air Corp Com	2137	57,223	97,447
	Starbucks Corp	400	17,476	23,188
	State Street Corp	962	62,215	75,806
	Symantec Corp	3094	65,145	75,463
	Tesla Motors Inc	50	10,418	9,470
	Teva Pharmaceutical Industries	2082	107,353	78,491
	Travelers Companies Inc.	860	62,455	97,481
	Twitter Inc	400	12,214	7,396
	Unitedhealth Group Inc	905	48,524	143,280
	United Technologies Corp	1352	149,455	145,637
	Ulta Salon Cosmetics & Frag	15	1,786	3,893
	UNUM Group	2039	56,404	86,189
	Verizon Communications	1973	98,249	98,453
	Vodafone Group PLC	2398	113,668	58,607
	Vulcan Materials Co	669	37,615	84,060
	Vulcan Materials Co	75.266	7,728	9,457
	Walt Disney Co	200	19,284	19,824
*	Wells Fargo & Co	3673	148,428	194,375
	Weyerhaeuser Co	3034	81,879	93,538
	Mutual Funds			
	American Balanced Fund R5	20248.933	452,017	509,463
	American Europacific Growth R5	3443.778	153,116	156,692
	American Funds American Mutual R5	22195.48	773,833	828,779
	American New Perspectives R5	14451.355	447,172	526,607
	Dodge & Cox Int'l Stock Fund	6067.229	231,776	233,892
	Dodge & Cox Stock Fund	2057.958	320,652	388,563
	Eagle Mid Cap Growth Fund Class A	7017.557	304,146	312,983
	Franklin Small - Mid Capital Growth I-A	14392.741	503,655	488,777
	Invesco Small Cap Equity Fund - Y	2752.667	39,344	42,033
	Janus Fund Class T	26249.366	876,470	918,465
	JPMorgan US Equity Fund A	49809.063	730,537	742,653
	MFS Growth Fund	1930.038	137,071	137,361
	MFS Value Fund Class-A	27063.117	721,347	984,556

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	Oakmark Equity & Income Class I	41816.163	1,277,716	1,253,230
	Vanguard Small Cap Index Fund - ADM	1011.894	55,334	61,705
	WM Blair International Growth Fund Class N	22499.231	497,541	539,307
*	Loomis Sayles Institutional High Income Fund	143363.575	1,023,685	980,607
*	Loomis Sayles Small - Cap Value Fund I	89406.743	2,223,332	3,265,135
	Oakmark Global Select Fund Class I	123860.532	2,120,966	2,030,074
*	Loomis Sayles Invmt Grd Bond A	4627.456	51,770	52,059
*	Natixis Loomis Sayles C/P Bond	7024.135	89,888	88,855
	Pimco Total Return CL-A	39586.63	418,024	395,470
*	Wells Fargo Index Fund Admin	7475.562	409,691	501,236
	Closed End Funds Equity			
	Amex Technology Select SPDR	500	14,074	23,750
	First TrustIndst/Producers	143.257	4,039	4,705
	Ishares Global Tech ETF	51.568	4,287	5,636
	Powershares Exchange - Traded Fund	500	14,001	16,595
	Proshares Ultra S&P 500	25.021	1,784	1,834
	Vanguard Dividend Appreciation	250	14,868	21,190
	Wisdomtree Japan Hedged	1.011	50	50
			<u>\$ 27,369,674</u>	<u>\$ 30,347,245</u>

* Party-in-interest