Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SCRIBE AMERICA 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2014

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)
SCRIBE AMERICA, LLC

1200 EAST LAS OLAS BOULEVARD
SUITE 201
FORT LAUDERDALE, FL 33301

2b Employer Identification Number (EIN) 20-2190415

2c Plan Sponsor's telephone number 877-488-5479

2d Business code (see instructions) 541990

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2017	SCARLETT MONTERO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2017	SCARLETT MONTERO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
		3c Administrator's telephone number	
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a	Sponsor's name	**4c** PN	
5	Total number of participants at the beginning of the plan year	**5**	8593
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)**	8566
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	10974
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**	11016
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	11016
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	200
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2T 2J 2K 3D

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
SCRIBE AMERICA 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SCRIBE AMERICA, LLC

D Employer Identification Number (EIN)
20-2190415

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

SHAREBUILDER ADVISORS LLC
83 S KING ST STE 700
SEATTLE, WA 98104-2851

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

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

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

(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 ☐

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
SCRIBE AMERICA 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SCRIBE AMERICA, LLC

D Employer Identification Number (EIN)
20-2190415

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	9538	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	2298	10508
(9) Value of interest in common/collective trusts	1c(9)		
(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)	264988	487424
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(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	276824	497932
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	276824	497932

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)		
	(B) Participants	2a(1)(B)	190443	
	(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)		190443
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	264	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		264
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	8731	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		8731
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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)		29002
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		228440
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1615	
(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)		1615
f Corrective distributions (see instructions)	2f		2328
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)	980	
(3) Investment advisory and management fees	2i(3)	2409	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3389
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7332
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		221108
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: LEVENSON, KATZIN & BALLOTTA, P.A. **(2)** EIN: 65-0680306

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

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 sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
SCRIBE AMERICA 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SCRIBE AMERICA, LLC

D Employer Identification Number (EIN)
20-2190415

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): 45-0404698

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

SCRIBE AMERICA 401(k) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2016 AND 2015

LEVENSON, KATZIN & BALLOTTA, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

SCRIBE AMERICA 401(k) PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2016 AND 2015

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Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2016 13

LEVENSON, KATZIN & BALLOTTA, PA
Certified Public Accountants

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
Scribe America 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Scribe America 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, the related statements of changes in net assets available for benefits for the years then ended, the related notes to the financial statements and the supplemental schedule of Schedule H, line 4i, as of December 31, 2016.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 D, which was certified by Ascensus Trust Company ("Trustee"), the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certification from the

Trustee as of and for the years ended December 31, 2016 and 2015, that the information provided to the Plan administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter—Supplemental Schedule

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

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the 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.

Levenson, Katzin & Ballotta, P.A.

LEVENSON, KATZIN & BALLOTTA, P.A.
Certified Public Accountants
August 15, 2017

SCRIBE AMERICA 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2016 AND 2015

	2016	2015
ASSETS		
Investments, at fair value:		
Mutual funds	$ 487,424	$ 264,988
Receivables:		
Notes receivable from participants	10,508	2,298
Employee's contributions receivable	-	9,538
Total receivables	10,508	11,836
Total Assets	497,932	276,824
LIABILITIES		
Corrective distributions payable	8,144	-
Total Liabilities	8,144	-
Net Asets Available for Benefits	$ 489,788	$ 276,824

See notes to financial statements.

SCRIBE AMERICA 401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2016 AND 2015

	2016	2015
Additions		
Participant contributions	$ 182,299	$ 177,428
Rollover contributions	-	1,573
Total contributions	182,299	179,001
Investment income		
Net appreciation (depreciation) in fair value of investments	29,002	(8,326)
Interest and dividends	8,731	4,399
Interest on notes receivable from participants	264	30
Total investment income	37,997	(3,897)
Deductions		
Benefits paid to participants	1,615	17,868
Corrective distributions	2,328	-
Administrative expenses	3,389	2,274
Total Deductions	7,332	20,142
Increase in net assets	212,964	154,962
Net assets available for benefits		
Beginning of the year	276,824	121,862
End of year	$ 489,788	$ 276,824

See notes to financial statements.

NOTE A. DESCRIPTION OF THE PLAN

The following description of the Scribe America 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document and amendments for a more complete description of the Plan's provisions.

1. General: The Plan is a defined contribution retirement plan sponsored by Scribe America, LLC ("Plan Sponsor"), covering all employees of Scribe America, LLC (collectively referred to as the "Company") who have completed one year of service with at least 1,000 hours worked and are age 18 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

2. Contributions: Each year, participants may contribute up to, but not to exceed, the maximum amount allowed by the Internal Revenue Code (IRC). The maximum amount allowed in a calendar year by the IRC amounted to $18,000. Participants who have attained age 50 before December 31, 206 are eligible to make catch-up contributions, which cannot exceed $6,000 in a calendar year per the IRC. Participants may also make rollover contributions to the Plan from other qualified contribution plans. The Company makes Discretionary Matching Contributions equal to a percentage of each Qualifying Contributing Participant's Elective Deferral which the Company, in its sole discretion, determines. The amount, allocation formula, and the percentage or dollar amount limit applicable to the match is at the complete and sole discretion of the company. The Company did not make contributions for the year ended December 31, 2016. Employee contributions are funded as soon as reasonably possible and, generally, within 5 days of a payroll pay date.

3. Investment Options: Amounts contributed to the Plan are held in a trust created under the Plan. Upon enrollment in the Plan, a participant may direct their contributions into various investment options offered by the Plan. The plan currently maintains 20 investment options.

4. Participant Accounts: Each participant's account is credited with his or her payroll reduction contribution and allocations of the Company's matching, profit-sharing and other contributions, if any, and investment 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.

5. Vesting: Participants are always 100% fully vested in their contributions to the Plan. Participants are 100% vested in employer Qualified Matching and Qualified Nonelective contributions to the plan. Profit sharing and other matching contributions are subject to the following vesting schedule:

Years of Service	% Vested
Less than one	0%
1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

NOTE A. DESCRIPTION OF THE PLAN—CONTINUED

6. Forfeited Accounts: At December 31, 2016 and 2015, forfeited non-vested accounts totaled $0 and $0 respectively. If an employee decides to take a distribution of the entire vested portion of his/her balance, the participant's nonvested portion will be forfeited and may be used to pay the Plan's administrative expenses. If available, forfeitures may also be used to reduce future employer contributions to the Plan.

7. Notes Receivable from Participants: Participant loans are valued at outstanding principal plus accrued interest, are considered fully collectible and are secured by the participant's account balance. Interest on outstanding loans is earned as income on a semi-monthly basis. Participant loans are reported as notes receivable. Participants are permitted to have two loans outstanding at any time and the maximum loan amount available to each individual is $50,000 (reduced by the highest outstanding loan balance in the previous 12 months) or one-half of the participant's vested account balance in the Plan (reduced by the current outstanding loan balance, if any), whichever is less. No loans are issued for less than $1,000. Participants are able to take loans from only those accounts invested in mutual funds. The interest rate for each loan is computed using the prime rate (as specified in the Wall Street Journal) plus 1%. Participants are required to repay the loan amount (plus interest) to the Plan. If a participant defaults on a loan, the participant will be taxed on the amount of the outstanding loan balance and will generally be subject to a 10% penalty if he/she is under age 59 ½.

8. Payment of Benefits: Benefits are payable to participants after they leave the Company for any reason (retirement, termination, disability or death). Upon termination of employment, participants can receive their vested benefits in a single lump sum payment or have the payment paid as a "direct rollover" to an individual retirement account or individual retirement annuity or to another employer's tax qualified plan. If the value of a vested account balance (minus any rollover contribution account but including any outstanding loan balance) is $1,000 or less on the valuation date coincident with or immediately following the termination of employment, the Company can cash the entire vested account balance out of the Plan. Participants may also receive a distribution if they experience undue financial hardship as defined by the Internal Revenue Code ("IRC").

9. Administrative Expenses: During the year ended December 31, 2016 and 2015, $3,389 and $2,274 of administrative expenses were paid directly by the Plan.

10. Corrective Distributions Payable: At December 31, 2016 and 2015, corrective distributions payable totaled $8,144 and $0 respectively. As a result of a failed Actual Deferral Percentage (ADP) test, the plan had the obligation to refund certain highly compensated employees at December 31, 2016. This amount is shown as an adjustment to participant contributions in Note F.

NOTE B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. Basis of Accounting: The financial statements of the Plan are prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

NOTE B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES—CONTINUED

2. Use of Estimates: The preparation of financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect certain reported amounts of net assets available for benefits and changes therein. Significant estimates include the determination of fair value of certain investments of the Plan. Accordingly, actual results could differ from those estimates.

3. Investment Valuation and Income Recognition: Investments are stated 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 Administrator determines the Plan's valuation policies utilizing information provided by the investment custodian.

   The fair value of an asset or liability is the price that would be received to sell an asset or transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The Company utilized a fair value hierarchy that maximizes the use of observable inputs and minimizes the use of unobservable inputs when measuring fair value. *Level 1* inputs are quoted prices in active markets for identical assets or liabilities. *Level 2* inputs are observable inputs other than quoted prices included in *Level 1* that are observable for the asset or liability, either directly or indirectly, including quoted prices for similar assets or liabilities in active markets, quoted prices in markets that are not active, inputs other than quoted prices that are observable for the asset or liability, or inputs derived from observable market data. *Level 3* inputs are unobservable inputs that are supported by little or no market activity and are significant to the fair value of the assets or liabilities.

   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 in the fair value of investments includes the Plan's net gains and losses on investments bought and sold as well as held during the year.

4. Payment of Benefits: Benefits are recorded when paid.

5. Risks and Uncertainties: The Plan provides for various investment options in any combination of the mutual funds offered. 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 values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

6. Subsequent Events: The Plan's Board of Trustees has evaluated subsequent events and transactions for potential recognition or disclosure in the financial statements through August 15, 2017, the date the financial statements were available to be issued.

NOTE C. INVESTMENTS

The following investments represent 5% or more of the Plan's net assets at December 31, 2016 and 2015:

Issuer	2016	2015
Vanguard Value ETF	$ 91,164	$ 48,606
Vanguard Total Bond Market ETF	90,231	48,557
Vanguard FTSE Developed Markets ETF	54,558	31,377
Vanguard Growth ETF	43,642	25,595
Vanguard S & P 500 ETF**	40,189	-
Vanguard Mid-Cap ETF**	37,401	-
iShares Core S&P Small-Cap ETF	34,457	20,902
iShares TIPS Bond ETF*	23,736	20,562
SPDR Dow Jones Industrial Average ETF*	15,102	17,018

All plan investments are participant directed

* Greater than 5% in 2015 but not 2016
** Greater than 5% in 2016 but not 2015

NOTE D. INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE (UNAUDITED)

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Ascensus Trust Company, the custodian and trustee of the Plan has certified all Plan investment data included in the accompanying financial statements and supplemental schedule is complete and accurate. Plan assets certified by the trustee as of December 31, 2016 and 2015 were as follows:

Assets	2016	2015
Investments at fair value		
Mutual funds		
Fixed income bonds	$ 117,787	$ 64,279
Large U.S.equity	200,033	113,654
Small/Mid U.S. equity	77,497	40,881
International equity	72,517	40,646
Other	19,590	5,528
Total investments at fair value	487,424	264,988
Notes receivable from participants	10,508	2,298
Total assets certified	$ 497,932	$ 267,286

NOTE D. INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE (UNAUDITED) — CONTINUED

Investment and interest income certified by the trustee for the year ended December 31, 2016 and 2015 was as follows:

	2016	2015
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$ 29,002	$ (8,326)
Interest and dividends	8,731	4,399
Total Investment income	37,733	(3,927)
Interest income on notes receivable from participants	264	30
Total investment and interest income	$ 37,997	$ (3,897)

NOTE E. FAIR VALUE MEASUREMENTS

An 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. The Plan classifies its investments into Level 1, Level 2 and Level 3 as defined below:

Level 1—Quoted prices in active markets for identical assets or liabilities
Level 2—Significant other observable inputs
Level 3—Significant unobservable inputs

The Plan's exchange traded mutual funds are valued at the quoted NAV of shares held by the Plan at year-end. The preceding method described produces a fair value calculation that is indicative of net realizable value or reflective of future fair values.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual Funds				
Fixed income bonds	$ 117,787	$ -	$ -	$ 117,787
Large U.S.equity	200,033	-	-	200,033
Small/Mid U.S. equity	77,497	-	-	77,497
International equity	72,517	-	-	72,517
Other	19,590	-	-	19,590
Total assets at fair value	$ 487,424	$ -	$ -	$ 487,424

NOTE E. FAIR VALUE MEASUREMENTS--CONTINUED

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

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual Funds				
Fixed income bonds	$ 64,279	$ -	$ -	$ 64,279
Large U.S.equity	113,654	-	-	113,654
Small/Mid U.S. equity	40,881	-	-	40,881
International equity	40,646	-	-	40,646
Other	5,528	-	-	5,528
Total assets at fair value	$ 264,988	$ -	$ -	$ 264,988

NOTE F. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2016 and 2015:

	December 31, 2016	2015
Net assets available for benefits per the financial statements	$ 489,788	$ 276,824
Corrective distributions payable	8,144	-
Net amounts per Form 5500	$ 497,932	$ 276,824

NOTE F. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500-CONTINUED

The following is a reconciliation of the changes in net assets per the financial statements to the Form 5500:

	For the Year Ended December 31, 2016		
	Amounts per Financial Statements	Adjustments	Amount per Form 5500
Net appreciation in fair value of investments	$ 29,002	$ -	$ 29,002
Interest and dividend income	8,731	-	8,731
Interest income on notes receivable from participants	264	-	264
Participants contributions	182,299	8,144	190,443
Benefits paid to participants	(1,615)	-	(1,615)
Corrective distributions	(2,328)	-	(2,328)
Administrative expenses	(3,389)	-	(3,389)
Net Increase	$ 212,964	$ 8,144	$221,108

	For the Year Ended December 31, 2015		
	Amounts per Financial Statements	Adjustments	Amount per Form 5500
Net depreciation in fair value of investments	$ (8,326)	$ -	$ (8,326)
Interest and dividend income	4,399	-	4,399
Interest income on notes receivable from participants	30	-	30
Participants contributions	177,428	(9,880)	167,548
Rollover contributions	1,573	-	1,573
Benefits paid to participants	(17,868)	-	(17,868)
Corrective distributions	-	(52,738)	(52,738)
Administrative expenses	(2,274)	-	(2,274)
Net Increase	$ 154,962	$ (62,618)	$ 92,344

NOTE G. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed or sub-managed by Ascensus Trust Company ("Trustee"). The Trustee is the Plan's custodian, and therefore, these transactions qualify as party-in-interest transactions. In addition, certain administration services are provided to the Plan by the payroll service provider of the Sponsor. Fees paid by the Plan for services provided by the Trustee and the payroll service provider are also party-in-interest transactions.

NOTE H. TAX STATUS

The IRS has determined and informed the Plan sponsor by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

NOTE I. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon termination, the participant's account balance is 100% vested.

SUPPLEMENTAL SCHEDULE

SCRIBE AMERICA 401(k) PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2016

EIN 20-2190415
PN 001

(a)	(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
*	Vanguard Value ETF	Registered Investment Company		$ 91,164
*	Vanguard Total Bond Market ETF	Registered Investment Company		90,231
*	Vanguard FTSE Developed Markets ETF	Registered Investment Company		54,558
*	Vanguard Growth ETF	Registered Investment Company		43,642
*	Vanguard S & P 500 ETF	Registered Investment Company		40,189
*	Vanguard Mid-Cap ETF	Registered Investment Company		37,401
*	iShares Core S&P Small-Cap ETF	Registered Investment Company		34,457
*	iShares TIPS Bond ETF	Registered Investment Company		23,736
*	Vanguard FTSE Emerging Markets ETF	Registered Investment Company		17,959
*	SPDR Dow Jones Industrial Average ETF	Registered Investment Company		15,102
*	Dreyfus Government Cash Mgmt Instl	Registered Investment Company		10,785
*	Power Shares QQQ Trust Series 1 ETF	Registered Investment Company		9,858
*	Vanguard REIT ETF	Registered Investment Company		4,886
*	Power Shares DB Commodity Index Track Trust ETF	Registered Investment Company		3,919
*	iShares Gold Trust ETF	Registered Investment Company		3,622
*	Schwab Short-Term U.S. Treasury ETF	Registered Investment Company		2,465
*	iShares Select Dividend ETF	Registered Investment Company		2,017
*	iShares 7-10 Year Treasury Bond ETF	Registered Investment Company		702
*	Power Shares Emerging Markets Sovereign Debt ETF	Registered Investment Company		454
*	SPDR Barclays International Treasury Bond ETF	Registered Investment Company		199
*	iShares MSCI USA ESG Select ETF	Registered Investment Company		78
*	Notes receivable from participants	4.25%		10,508
		Total Assets		$ 497,932

* Party in interest
** Cost information omitted--participant directed

SCRIBE AMERICA 401(k) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2016 AND 2015

LEVENSON, KATZIN & BALLOTTA, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

SCRIBE AMERICA 401(k) PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2016 AND 2015

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LEVENSON, KATZIN & BALLOTTA, PA
Certified Public Accountants

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
Scribe America 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Scribe America 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, the related statements of changes in net assets available for benefits for the years then ended, the related notes to the financial statements and the supplemental schedule of Schedule H, line 4i, as of December 31, 2016.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 D, which was certified by Ascensus Trust Company ("Trustee"), the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certification from the

Trustee as of and for the years ended December 31, 2016 and 2015, that the information provided to the Plan administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter—Supplemental Schedule

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

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the 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.

Levenson, Katzin & Ballotta, P.A.

LEVENSON, KATZIN & BALLOTTA, P.A.
Certified Public Accountants
August 15, 2017

SCRIBE AMERICA 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2016 AND 2015

	2016	2015
ASSETS		
Investments, at fair value:		
Mutual funds	$ 487,424	$ 264,988
Receivables:		
Notes receivable from participants	10,508	2,298
Employee's contributions receivable	-	9,538
Total receivables	10,508	11,836
Total Assets	497,932	276,824
LIABILITIES		
Corrective distributions payable	8,144	-
Total Liabilities	8,144	-
Net Asets Available for Benefits	$ 489,788	$ 276,824

See notes to financial statements.

SCRIBE AMERICA 401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2016 AND 2015

	2016	2015
Additions		
Participant contributions	$ 182,299	$ 177,428
Rollover contributions	-	1,573
Total contributions	182,299	179,001
Investment income		
Net appreciation (depreciation) in fair value of investments	29,002	(8,326)
Interest and dividends	8,731	4,399
Interest on notes receivable from participants	264	30
Total investment income	37,997	(3,897)
Deductions		
Benefits paid to participants	1,615	17,868
Corrective distributions	2,328	-
Administrative expenses	3,389	2,274
Total Deductions	7,332	20,142
Increase in net assets	212,964	154,962
Net assets available for benefits		
Beginning of the year	276,824	121,862
End of year	$ 489,788	$ 276,824

See notes to financial statements.

NOTE A. DESCRIPTION OF THE PLAN

The following description of the Scribe America 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document and amendments for a more complete description of the Plan's provisions.

1. General: The Plan is a defined contribution retirement plan sponsored by Scribe America, LLC ("Plan Sponsor"), covering all employees of Scribe America, LLC (collectively referred to as the "Company") who have completed one year of service with at least 1,000 hours worked and are age 18 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

2. Contributions: Each year, participants may contribute up to, but not to exceed, the maximum amount allowed by the Internal Revenue Code (IRC). The maximum amount allowed in a calendar year by the IRC amounted to $18,000. Participants who have attained age 50 before December 31, 206 are eligible to make catch-up contributions, which cannot exceed $6,000 in a calendar year per the IRC. Participants may also make rollover contributions to the Plan from other qualified contribution plans. The Company makes Discretionary Matching Contributions equal to a percentage of each Qualifying Contributing Participant's Elective Deferral which the Company, in its sole discretion, determines. The amount, allocation formula, and the percentage or dollar amount limit applicable to the match is at the complete and sole discretion of the company. The Company did not make contributions for the year ended December 31, 2016. Employee contributions are funded as soon as reasonably possible and, generally, within 5 days of a payroll pay date.

3. Investment Options: Amounts contributed to the Plan are held in a trust created under the Plan. Upon enrollment in the Plan, a participant may direct their contributions into various investment options offered by the Plan. The plan currently maintains 20 investment options.

4. Participant Accounts: Each participant's account is credited with his or her payroll reduction contribution and allocations of the Company's matching, profit-sharing and other contributions, if any, and investment 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.

5. Vesting: Participants are always 100% fully vested in their contributions to the Plan. Participants are 100% vested in employer Qualified Matching and Qualified Nonelective contributions to the plan. Profit sharing and other matching contributions are subject to the following vesting schedule:

Years of Service	% Vested
Less than one	0%
1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

NOTE A. DESCRIPTION OF THE PLAN—CONTINUED

6. Forfeited Accounts: At December 31, 2016 and 2015, forfeited non-vested accounts totaled $0 and $0 respectively. If an employee decides to take a distribution of the entire vested portion of his/her balance, the participant's nonvested portion will be forfeited and may be used to pay the Plan's administrative expenses. If available, forfeitures may also be used to reduce future employer contributions to the Plan.

7. Notes Receivable from Participants: Participant loans are valued at outstanding principal plus accrued interest, are considered fully collectible and are secured by the participant's account balance. Interest on outstanding loans is earned as income on a semi-monthly basis. Participant loans are reported as notes receivable. Participants are permitted to have two loans outstanding at any time and the maximum loan amount available to each individual is $50,000 (reduced by the highest outstanding loan balance in the previous 12 months) or one-half of the participant's vested account balance in the Plan (reduced by the current outstanding loan balance, if any), whichever is less. No loans are issued for less than $1,000. Participants are able to take loans from only those accounts invested in mutual funds. The interest rate for each loan is computed using the prime rate (as specified in the Wall Street Journal) plus 1%. Participants are required to repay the loan amount (plus interest) to the Plan. If a participant defaults on a loan, the participant will be taxed on the amount of the outstanding loan balance and will generally be subject to a 10% penalty if he/she is under age 59 ½.

8. Payment of Benefits: Benefits are payable to participants after they leave the Company for any reason (retirement, termination, disability or death). Upon termination of employment, participants can receive their vested benefits in a single lump sum payment or have the payment paid as a "direct rollover" to an individual retirement account or individual retirement annuity or to another employer's tax qualified plan. If the value of a vested account balance (minus any rollover contribution account but including any outstanding loan balance) is $1,000 or less on the valuation date coincident with or immediately following the termination of employment, the Company can cash the entire vested account balance out of the Plan. Participants may also receive a distribution if they experience undue financial hardship as defined by the Internal Revenue Code ("IRC").

9. Administrative Expenses: During the year ended December 31, 2016 and 2015, $3,389 and $2,274 of administrative expenses were paid directly by the Plan.

10. Corrective Distributions Payable: At December 31, 2016 and 2015, corrective distributions payable totaled $8,144 and $0 respectively. As a result of a failed Actual Deferral Percentage (ADP) test, the plan had the obligation to refund certain highly compensated employees at December 31, 2016. This amount is shown as an adjustment to participant contributions in Note F.

NOTE B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. Basis of Accounting: The financial statements of the Plan are prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

NOTE B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES—CONTINUED

2. Use of Estimates: The preparation of financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect certain reported amounts of net assets available for benefits and changes therein. Significant estimates include the determination of fair value of certain investments of the Plan. Accordingly, actual results could differ from those estimates.

3. Investment Valuation and Income Recognition: Investments are stated 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 Administrator determines the Plan's valuation policies utilizing information provided by the investment custodian.

   The fair value of an asset or liability is the price that would be received to sell an asset or transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The Company utilized a fair value hierarchy that maximizes the use of observable inputs and minimizes the use of unobservable inputs when measuring fair value. *Level 1* inputs are quoted prices in active markets for identical assets or liabilities. *Level 2* inputs are observable inputs other than quoted prices included in *Level 1* that are observable for the asset or liability, either directly or indirectly, including quoted prices for similar assets or liabilities in active markets, quoted prices in markets that are not active, inputs other than quoted prices that are observable for the asset or liability, or inputs derived from observable market data. *Level 3* inputs are unobservable inputs that are supported by little or no market activity and are significant to the fair value of the assets or liabilities.

   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 in the fair value of investments includes the Plan's net gains and losses on investments bought and sold as well as held during the year.

4. Payment of Benefits: Benefits are recorded when paid.

5. Risks and Uncertainties: The Plan provides for various investment options in any combination of the mutual funds offered. 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 values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

6. Subsequent Events: The Plan's Board of Trustees has evaluated subsequent events and transactions for potential recognition or disclosure in the financial statements through August 15, 2017, the date the financial statements were available to be issued.

NOTE C. INVESTMENTS

The following investments represent 5% or more of the Plan's net assets at December 31, 2016 and 2015:

Issuer	2016	2015
Vanguard Value ETF	$ 91,164	$ 48,606
Vanguard Total Bond Market ETF	90,231	48,557
Vanguard FTSE Developed Markets ETF	54,558	31,377
Vanguard Growth ETF	43,642	25,595
Vanguard S & P 500 ETF**	40,189	-
Vanguard Mid-Cap ETF**	37,401	-
iShares Core S&P Small-Cap ETF	34,457	20,902
iShares TIPS Bond ETF*	23,736	20,562
SPDR Dow Jones Industrial Average ETF*	15,102	17,018

All plan investments are participant directed

* Greater than 5% in 2015 but not 2016
** Greater than 5% in 2016 but not 2015

NOTE D. INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE (UNAUDITED)

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Ascensus Trust Company, the custodian and trustee of the Plan has certified all Plan investment data included in the accompanying financial statements and supplemental schedule is complete and accurate. Plan assets certified by the trustee as of December 31, 2016 and 2015 were as follows:

Assets	2016	2015
Investments at fair value		
Mutual funds		
Fixed income bonds	$ 117,787	$ 64,279
Large U.S.equity	200,033	113,654
Small/Mid U.S. equity	77,497	40,881
International equity	72,517	40,646
Other	19,590	5,528
Total investments at fair value	487,424	264,988
Notes receivable from participants	10,508	2,298
Total assets certified	$ 497,932	$ 267,286

NOTE D. INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE (UNAUDITED) — CONTINUED

Investment and interest income certified by the trustee for the year ended December 31, 2016 and 2015 was as follows:

	2016	2015
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$ 29,002	$ (8,326)
Interest and dividends	8,731	4,399
Total Investment income	37,733	(3,927)
Interest income on notes receivable from participants	264	30
Total investment and interest income	$ 37,997	$ (3,897)

NOTE E. FAIR VALUE MEASUREMENTS

An 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. The Plan classifies its investments into Level 1, Level 2 and Level 3 as defined below:

Level 1—Quoted prices in active markets for identical assets or liabilities
Level 2—Significant other observable inputs
Level 3—Significant unobservable inputs

The Plan's exchange traded mutual funds are valued at the quoted NAV of shares held by the Plan at year-end. The preceding method described produces a fair value calculation that is indicative of net realizable value or reflective of future fair values.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual Funds				
Fixed income bonds	$ 117,787	$ -	$ -	$ 117,787
Large U.S.equity	200,033	-	-	200,033
Small/Mid U.S. equity	77,497	-	-	77,497
International equity	72,517	-	-	72,517
Other	19,590	-	-	19,590
Total assets at fair value	$ 487,424	$ -	$ -	$ 487,424

NOTE E. FAIR VALUE MEASUREMENTS--CONTINUED

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

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual Funds				
Fixed income bonds	$ 64,279	$ -	$ -	$ 64,279
Large U.S.equity	113,654	-	-	113,654
Small/Mid U.S. equity	40,881	-	-	40,881
International equity	40,646	-	-	40,646
Other	5,528	-	-	5,528
Total assets at fair value	$ 264,988	$ -	$ -	$ 264,988

NOTE F. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2016 and 2015:

	December 31, 2016	2015
Net assets available for benefits per the financial statements	$ 489,788	$ 276,824
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NOTE F. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500-CONTINUED

The following is a reconciliation of the changes in net assets per the financial statements to the Form 5500:

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Benefits paid to participants	(1,615)	-	(1,615)
Corrective distributions	(2,328)	-	(2,328)
Administrative expenses	(3,389)	-	(3,389)
Net Increase	$ 212,964	$ 8,144	$221,108

	For the Year Ended December 31, 2015		
	Amounts per Financial Statements	Adjustments	Amount per Form 5500
Net depreciation in fair value of investments	$ (8,326)	$ -	$ (8,326)
Interest and dividend income	4,399	-	4,399
Interest income on notes receivable from participants	30	-	30
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Rollover contributions	1,573	-	1,573
Benefits paid to participants	(17,868)	-	(17,868)
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NOTE H. TAX STATUS

The IRS has determined and informed the Plan sponsor by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

NOTE I. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon termination, the participant's account balance is 100% vested.

SUPPLEMENTAL SCHEDULE

SCRIBE AMERICA 401(k) PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2016

EIN 20-2190415
PN 001

(a)	(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
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*	SPDR Barclays International Treasury Bond ETF	Registered Investment Company		199
*	iShares MSCI USA ESG Select ETF	Registered Investment Company		78
*	Notes receivable from participants	4.25%		10,508
		Total Assets		$ 497,932

* Party in interest
** Cost information omitted--participant directed

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection**

For calendar plan year 2016 or fiscal plan year beginning and ending

A Name of plan	**B** Three-digit plan number (PN) ▶
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(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		
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l		

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(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)		
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)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		
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: **(2)** EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**			
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**			
e	Was this plan covered by a fidelity bond?	**4e**			
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**			
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**			
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**			
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**			
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**			
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**			
l	Has the plan failed to provide any benefit when due under the plan?	**4l**			
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	**4o**			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

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

Attachment to 2016 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name SCRIBE AMERICA 401(K) PLAN **EIN:** 20-2190415
Plan Sponsor's Name SCRIBE AMERICA, LLC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	PowerShares	PowerShares QQQ Trust Series 1 ETF	0	9,858
	SPDR	SPDR Dow Jones Industrial Average ETF	0	15,102
	iShares	iShares Select Dividend ETF	0	2,017
	iShares	iShares 7-10 Year Treasury Bond ETF	0	702
	Vanguard	Vanguard Total Bond Market ETF	0	90,231
	iShares	iShares TIPS Bond ETF	0	23,736
	Vanguard	Vanguard REIT ETF	0	4,886

Attachment to 2016 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name SCRIBE AMERICA 401(K) PLAN **EIN:** 20-2190415

Plan Sponsor's Name SCRIBE AMERICA, LLC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Vanguard	Vanguard FTSE Emerging Markets ETF	0	17,959
	Vanguard	Vanguard FTSE Developed Markets ETF	0	54,558
	SPDR	SPDR BB Barclays Intl Trsy Bd ETF	0	199
	PowerShares	PowerShares Emg Mkts Sovereign Debt ETF	0	454
	PowerShares	PowerShares DB Cmdty Indx Track Trst ETF	0	3,919
	iShares	iShares Gold Trust ETF	0	3,622
	iShares	iShares MSCI USA ESG Select ETF	0	78

Attachment to 2016 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name SCRIBE AMERICA 401(K) PLAN **EIN:** 20-2190415
Plan Sponsor's Name SCRIBE AMERICA, LLC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Dreyfus	Dreyfus Government Cash Mgmt Instl	0	10,785
	Vanguard	Vanguard Growth ETF	0	43,642
	Vanguard	Vanguard Value ETF	0	91,164
	Vanguard	Vanguard Mid-Cap ETF	0	37,401
	iShares	iShares Core S&P Small-Cap ETF	0	34,457
	Vanguard	Vanguard S & P 500 ETF	0	40,189
	Schwab	Schwab Short-Term U.S. Treasury ETF	0	2,465

Attachment to 2016 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name SCRIBE AMERICA 401(K) PLAN **EIN:** 20-2190415
Plan Sponsor's Name SCRIBE AMERICA, LLC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Participant's Loan Account	Various Rates and Maturities	0	10,508